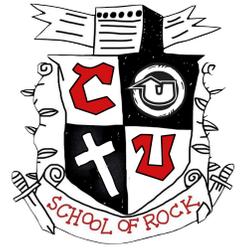




CAMP U-TURN 2025 REGISTRATION
SCHOOL OF ROCK - WALLACEBURG



Name(s)	Date Of Birth	Health Card Number
1.	1.	1.
2.	2.	2.
3.	3.	3.

Address (Number, Street, Postal Code)

Home Phone

Emergency Name & Phone

Please indicate any food allergies or special needs

Camp Date:

Monday, July 21 - Friday, July 25 : 99 Thomas Ave, Wallaceburg, On

Choose your applicable t-shirt size(s)

YS YM YM YL AS Am AL AXL

I am the legal guardian and grant permission for my child(ren) to attend Camp U-Turn 2024. I understand that U-Turn Ministries Canada Inc. is not liable for any injury, lost or stolen property while on the premises or in attendance.

Guardian Name (Print)

Guardian Signature

Date