



CAMP U-TURN 2026 REGISTRATION FORM

TRANSFORM AND ROLL OUT 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 20 - Friday, July 24 : 99 Thomas Ave, Wallaceburg, On

Choose your applicable t-shirt size(s)

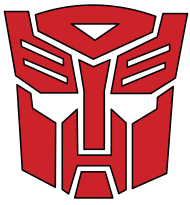
YS
 YM
 YL
 AS
 Am
 AL
 AXL

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



CAMP U-TURN 2026 REGISTRATION FORM

TRANSFORM AND ROLL OUT DRESDEN



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:

Tuesday, August 4 - Friday, August 7 : 116 John Street E, Dresden, 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**