

LIVING WATER MINISTRIES UGANDA

Pearl Haven Christian Center

Camp David Application Form - to be submitted before arrival at Pearl Haven on 26/12/2023

Name:	Sex:	Age:	Birthdate:
Postal address:	Residential address:	Phone #:	
Home district:	Language(s) spoken:	Tribe:	
I am: <input type="checkbox"/> saved <input type="checkbox"/> not saved <input type="checkbox"/> would like to be saved <input type="checkbox"/> not interested in salvation When did you get saved?			
I am: <input type="checkbox"/> working <input type="checkbox"/> studying <input type="checkbox"/> staying at home <input type="checkbox"/> looking for a job			
School name:	School address:	Class:	
Workplace:	Workphone:		
I am staying: <input type="checkbox"/> with parents <input type="checkbox"/> with a relative <input type="checkbox"/> in a hostel <input type="checkbox"/> with friends <input type="checkbox"/> alone			
Guardian's/Parent's name:	Occupation:		
Address:	Phone #		
Commitment: I understand that while at the camp, I will be responsible for my personal safety and that of my property. I also undertake to abide by the instructions and expectations of the camp organisers.			
Name of Applicant: _____		Signed: _____	
Parent's/Guardian's Consent			
I, _____ being the parent/guardian of the			
applicant, _____ hereby give my consent for him/her			
to attend and participate in the youth boot camp (Camp David) organized by Living Water Ministries			
Uganda from 26/12/2023 to 30/12/2023 in Bulambuli District.			
Signature: _____		Date: _____	
Parent/Guardian's name			