

# RMD Junior Camp Application

## Ages 8 to 12

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

CONTACT CELL NUMBER: \_\_\_\_\_

HOME CHURCH: \_\_\_\_\_

PASTOR: \_\_\_\_\_

PASTOR CELL NUMBER: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PASTOR SIGNATURE: \_\_\_\_\_