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: _____