



Mount Calvary Arts Camp REGISTRATION

July 24 — 26, 2017

6:30—8:30 pm

\$60.00/participant

Deadline to register: July 14

Child/Children's Names:

Grade Entering Fall 2017

1. _____

2. _____

3. _____

Registration Fee: \$60 per child # of children _____ X \$60 = \$ _____

Parents Name: _____

Phone

Email: _____

Address: _____

Cell Phone

Emergency Contact:

Phone

As parent/guardian, I give permission for my child to participate in church events and authorize any medical treatment that may be necessary under the circumstances that I cannot be reached. I release Mount Calvary Lutheran Church of any liability. I also give permission for Mount Calvary Lutheran Church to include my child's photo on the church website or in print.

Parent/Guardian Signature: _____ **Date:** _____

Payment Information:

Make checks to Mount Calvary and indicate Art Camp in the memo line. If financial assistance is needed, contact Pastor Dave or Andrea Fieldhouse at 952-474-8893

Check No. _____ **Amount** _____ **Date Paid:** _____