

**ARKANSAS INTERFAITH CONFERENCE CHOIR CAMP
2019 CAMPER REGISTRATION FORM**

(Please use separate form for each child.) **July 21 - July 27, 2019**

Camper Name _____ Call Name _____

Street Address _____

City _____ State _____ Zip _____

Camper Birth date _____ Age as of July 1st, 2019 _____ Sex _____

Grade **COMPLETED** in May, 2019 _____

(You must have completed the Second grade to register for camp.)

Place of Worship _____

Parent's Name: Mom _____ Dad _____

Parent's Email: Mom _____ Dad _____

Parent's Home/Cell Phone: Mom _____ Dad _____

Camper's Cell Phone _____ Campers E-mail _____

What musical instrument do you play? _____ Will you bring it to camp? _____

T-shirt size: Child S _____ Child M _____ Adult S _____ M _____ L _____ XL _____

PLEASE MAIL (NO FAXES OR EMAILS) A RECENT PHOTO Camper's name on the back by June 1st.

Roommate choices: _____

Requested music for the dance: _____

If I could change one thing at AIC Choir Camp, I would _____

Please return the registration form with complete payment of \$325.00 or with a \$75.00 non-refundable deposit as soon as possible to hold your place. (Fee is \$300.00 each for other children in the same family.) Total payment of fees is due by June 1st, 2019. No refunds will be made after July 1st, 2019. Registrations that are paid online will be \$335 and \$310 each for other children in the same family.

The **medical form must be** completed to check in at camp.

Please return it by July 1st, 2019.

Mail this form to: **(DO NOT FAX)**

Please make check payable to **AIC Choir Camp 2019.**

AIC CHOIR CAMP 2019

Total Fee \$ 325.00 or \$ 300.00

%Charlie Rigsby

1011 Country Club Drive

Arkadelphia, AR 71923

E-mail: cr273@aol.com

Balance Due \$ _____ or \$ _____

Charlie Rigsby in Arkadelphia - Cell: (479) 409-5679

Cindy Tisdale in Little Rock - (501) 664-6786, Cell (501) 944-0180

For Office Use Only: Photo _____ Med Form _____ Pmt _____ Balance _____