ARKANSAS INTERFAITH CONFERENCE CHOIR CAMP 2017 CAMPER REGISTRATION FORM

(Please use separate form for each child.)

July 23 - July 29, 2017

| Camper Name | Call Name | | | | | | |
|---|---|---------------------------------|--------------------------------|-----------|-----------------|---------------|--|
| Street Address | Camper Cell Phone | | | | | | |
| City | StateZip | | | | | | |
| Place of Worship | C | amper's E-ma | il | | | | |
| Home Phone | Emergency Phone | | | | | | |
| Camper Birth date | Age as of July 1st, 2017 | | | Sex_ | | | |
| Grade COMPLETED in May, 20 (You must have co | | cond grade to | _ register for c | amp.) | | | |
| Parent Name: Mom | Dad | | | | | | |
| Parent Email: Mom | Dad | | | | | | |
| Parent Cell Phone: Mom | nt Cell Phone: MomDad | | | | | | |
| What musical instrument do you p | nt do you play?Will you bring it to camp? | | | | | | |
| T-shirt size: Child SChild | M Add | ult S | M I | Ĺ | _ XL | _ | |
| Please mail (NO FAXES OR EMA | AILS) a recent p | hoto <u>with can</u> | nper name o | n the ba | ck by June 1s | st • | |
| Roommate choices: | | | | | | | |
| Requested music for the dance: | | | | | | | |
| If I could change one thing at AIC | Choir Camp, I | would | | | | | |
| Please return the registration form soon as possible to hold your place of fees is due by June 1st, 2017. It will be \$335 and \$310 each for other | e. (Fee is \$300 No refunds will | 0.00 each for one be made after | other children July 1st, 20 | in the s | ame family.) | Total payment | |
| The medical form must be compl | eted to check in | at camp. | Please | return it | t by July 1st, | 2017. | |
| Mail this form to: (DO NOT FAX |) Please | make check p | ayable to AIC | Choir | Camp 2017. | | |
| AIC CHOIR CAMP 2017 St. Paul's Church P.O. Box 1190 Fayetteville, Arkansas 72702 E-mail: cr273@aol.com | Enclosed | stal Fee \$ Balance Due | | | \$ 300.00 \$ | | |
| Cindy Tisdale in Little Rock - (50) Charlie Rigsby in Fayetteville - Ch | , | ` ′ | | '9 | | | |
| For Office Use Only: Photo | Med Form | Pmt | В | alance | | | |