ARKANSAS INTERFAITH CONFERENCE CHOIR CAMP 2018 CAMPER REGISTRATION FORM

(Please use separate form for each child.) July 22 - July 28, 2018

| Camper Name | Call Name | | | |
|--|--|--|--|--|
| Street Address | | | | |
| City | State | Zip_ | | |
| Camper Birth date | Age as of | July 1st, 2018 | Sex | |
| Grade COMPLETED in May, 2018 (You must have comp | | | amp.) | |
| Place of Worship | | | | |
| Parent's Name: Mom | | Dad | | |
| Parent's Email: Mom | | Dad | | |
| Parent's Cell Phone: Mom | | _Dad | | |
| Camper's Cell Phone | Home Phone | | | |
| What musical instrument do you play | y? | Will you | bring it to camp | ? |
| T-shirt size: Child SChild M | Adult S | M | L XL | |
| PLEASE MAIL (NO FAXES OR EN | <u>MAILS</u>) A RECENT I | PHOTO <u>Camper's</u> | name on the b | ack by June 1st |
| Roommate choices: | | | | |
| Requested music for the dance: | | | | |
| If I could change one thing at AIC C | hoir Camp, I would_ | | | |
| Please return the registration form deposit as soon as possible to hole family.) Total payment of fees is described Registrations that are paid online will the medical form must be complete. | d your place. (Fedlue by June 1st, 201 lbe \$335 and \$310 e | e is \$300.00 each 8. No refunds will each for other child | for other childs ll be made after Iren in the same | ren in the same July 1st, 2018 family. |
| The medical form must be complete | | | return it by Ju | • |
| Mail this form to: (DO NOT FAX) | Please make ch | neck payable to AI | C Choir Camp | 2018. |
| % Charlie Rigsby 1011 Country Club Drive Arkadelphia, AR 71923 | Total Fee | \$ 325.00 | or \$300. | 00 |
| E-mail: cr273@aol.com | Balance D | | or \$ | |
| Cindy Tisdale in Little Rock - (501) Charlie Rigsby in Arkadelphia - Cell | |) 944-0180 | | |
| For Office Use Only: Photo | Med Form | Pmt | Balance_ | |