



2009 CSI: 4-HCGW (Challenge Camp)
CAMP REGISTRATION

Camper's Name _____

Age _____ Gender _____ School _____

Size of shirt (please circle) ASm ALg AXLg A2XLg A3XLg

Parent Contact: _____

Phone Number: _____

Address: _____

Special Needs (includes meals/snacks and physical needs): _____

Camp Cost: \$35.00

Total amount enclosed: _____

Please list three songs you would like to have played at the dance.

1. _____

2. _____

3. _____