

LITTLE GIRLS AND GUYS

4 years old – entering 1st grade

June 4 – 5, 2010

Please **PRINT** legibly, and return completed form **BY FRIDAY, MAY 21** along with \$15 per person (each child and each adult) to the Camp Registrar:

Mrs. Denice Kramer

PO Box 786

Lock Haven PA 17745-0786

Make checks payable to Sylvan Hills Christian Service Camp. Please do **NOT** send cash.

[If possible, top bunk choices for either parent or child would be helpful.]

Child's name _____ Age _____ Grade (next fall)_____.

Circle one: Male Female Circle one – Bunk preference: Top Bottom Either

Child's name _____ Age _____ Grade (next fall)_____.

Circle one: Male Female Circle one – Bunk preference: Top Bottom Either

Child's name _____ Age _____ Grade (next fall)_____.

Circle one: Male Female Circle one – Bunk preference: Top Bottom Either

Adult's name _____ Bunk preference: Top Bottom Either

Circle one: Mother Grandmother Father Grandfather Other: _____.

CUT HERE~~SAVE BOTTOM PORTION FOR FUTURE REFERENCE

††† LITTLE GIRLS AND GUYS ††† JUNE 4 - 5, 2010 †††

DEANS: Nancy & Wayne Fishburn (Questions? Call 814-355-8539)

Theme:

High Sea Expedition

(Exploring the mighty love of God)

Come join the fun at Sylvan Hills Christian Service Camp

REGISTRATION IS FROM 5 PM – 7 PM

And supper will be provided from 6 – 6:30 PM.

OVER.....OVER.....OVER..... OVER.....OVER.....OVER.....OVER

Child's home church _____

Child's home address _____

City _____ State _____ Zip _____

Home phone # (_____) _____ Cell # (_____) _____

We will be attending: Friday evening only Friday & Saturday Saturday only

Emergency contact name _____

Emergency # (_____) _____ Cell # (_____) _____

Does your child have any special medical conditions the camp should be aware of? _____

If yes, please explain _____.

If the attending adult has any special medical conditions the camp should be aware of, please **explain** _____.

In the event of an emergency, do you want you or your child taken to the Lock Haven Hospital? Yes No If no, list alternative _____.

In signing this form, you agree that your personal insurance will be used as primary insurance and the camp insurance will be used as secondary to pay any unpaid balance of emergency medical care.

Signature _____ Date _____.

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If you wish to order a picture of Little Girls and Guys camp (\$5), please come prepared to pay at registration.

BRING WITH YOU:

Money for any of the above

Appropriate day/night time clothing

Personal toiletries

Sleeping bag OR sheets and blankets & a pillow –

If spending the night

Umbrella ~ in case of rain

Flashlight for walking around at night

OVER.....OVER.....OVER..... OVER.....OVER.....OVER.....OVER