

# SESSION INFORMATION

Please check week camper will be attending:

\_\_\_ FIRST CHANCE CAMP | JUNE 7 & 8 | Grades K-2

Dean: Carrie Chesnut     Registration: \$70 (\$50 for member Church)

Parent attending with camper is an additional \$70

\_\_\_ ELEMENTARY SCHOOL CAMP | JUNE 9-14 | Grades 3-5

Dean: Dan Smith     Registration:     \$230 (\$210 for member church)

\_\_\_ MIDDLE SCHOOL CAMP | JUNE 16 - 21 | Grades 6-8

Dean: Jeff Thompson     Registration: \$230 (\$210 for member church)

\_\_\_ HIGH SCHOOL CAMP | JUNE 2-7 | Grades 9-12

Dean: Allen Gonzalez     Registration: \$230 (\$210 for member church)

## REGISTRATION INFORMATION

### PART 1: FEES

Registration Fee (see above) **or**                     \$ \_\_\_\_\_

Member Church Registration Fee                     \$ \_\_\_\_\_

Parent with First Chance                             + \$ \_\_\_\_\_

Canteen (suggested \$6/day)                         + \$ \_\_\_\_\_

Mission Donation                                     + \$ \_\_\_\_\_

T-Shirt (\$15)     \$ \_\_\_\_\_

Shirt size:    YXS    YSM    YMED    YLG    S    MED    LG    XL    2XL

### PART 2: DISCOUNTS

Sibling Discount (10% off Registration Fee only) - \$ \_\_\_\_\_

Total Registration                                     \$ \_\_\_\_\_

Church Leadership Signature: \_\_\_\_\_

Member Church Name                                 : \_\_\_\_\_

I qualify for an Angel Tree scholarship

I qualify for an Guardian Ad Lidem scholarship

**A minimum \$25 deposit is required along with registration form.**

Please make checks payable to Tri-State Christian Camp.

For packing lists and more information, please visit [tristatecamp.org](http://tristatecamp.org).



## 2024 SUMMER CAMP REGISTRATION



### TRI STATE CHRISTIAN CAMP

100 Christian Camp Rd.

DeFuniak Springs, FL 32433

Randy Chesnut, Director | 850-419-3354 | [TriStateCamp.org](http://TriStateCamp.org)

## CAMPER INFORMATION

Camper's Name: \_\_\_\_\_

Birth Gender: M / F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Entering in Fall: \_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Has the child been baptized by immersion? YES / NO

Church attending with: \_\_\_\_\_

Name of parent attending First Chance Camp (if applicable):

\_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent's Name(s): \_\_\_\_\_

Mailing address different from camper's? If yes:

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If parent/guardian can't be reached in emergency, contact:

Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Insurance Carrier: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Food allergies? If yes, explain:

\_\_\_\_\_

Medical allergies? If yes, explain:

\_\_\_\_\_

Other allergies or medical information:

\_\_\_\_\_

Will the camper be bringing any medications to camp?

\_\_\_ NO, my camper IS NOT bringing an medication(s)

\_\_\_ YES, my camper IS bringing medication(s)

All medications must be turned into the nurse at registration.

All medications must be in original containers. Please list

ALL medications, dosages, and times to be given:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any over the counter medications your camper cannot take?

\_\_\_ NO.

\_\_\_ YES. Please list:

\_\_\_\_\_