



# REGISTRATION FORM

REGISTER ONLINE @ BAYSHOREFAITHQUEST.ORG

CAMPER NAME: \_\_\_\_\_ NICKNAME(OPTIONAL): \_\_\_\_\_

CAMPER BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE: \_\_\_\_\_ IN SEPTEMBER MALE  OR FEMALE

PARENT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PARENT'S CELL PHONE: \_\_\_\_\_

HOME CHURCH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF CAMP: \_\_\_\_\_ EVENT #: BSC \_\_\_\_\_ START DATE: \_\_\_\_\_

LIST TWO BUDDIES (OPTIONAL) 1. \_\_\_\_\_ 2. \_\_\_\_\_

*Must be signed: IN AN EMERGENCY, I grant permission to Bay Shore Camp to secure emergency, surgical treatment, and/or routine medical care for the person named on this form while at camp. Permission is also given for participation, transportation, and use of images for camp publicity.*

please sign here: \_\_\_\_\_

*(signature of parent/legal guardian or camper that is 18 or older)*

Cost of DAY CAMP: \$189

(check one)

I am enclosing CASH in the amount of \$ \_\_\_\_\_ .00

I am enclosing a CHECK for the amount of \$ \_\_\_\_\_ .00 (Make check payable to BAY SHORE CAMP)

I am paying with a CREDIT/DEBIT card (check one):  VISA  MasterCard  DISCOVER

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Registration and Health form are required with this registration form.