

Church Street Church of Christ Bible Day Camp

"Exploring with Jesus"



**Monday thru Thursday
June 2nd - 5th, 2008**

My child has my permission to attend Bible Day Camp 2008 with the Church Street Church of Christ June 2-5. I give my permission, in case of sickness or accident, for the best possible medical attention available to be used for my child. I understand I will not hold Church Street Church of Christ or any staff member responsible in any way.

Parents or Guardian X _____

Camp Cost: \$25.00

Grades: Kindergarten thru 6th grade

Begins: 9:00 a.m. each morning

Ends: 2:00 p.m. each afternoon

Applications Due by Sunday

May 25th!!!

Late Fee \$5.00

Name _____ **Phone** _____

Address _____

E-mail Address _____

Emergency Phone Number _____ **Guy or Girl** _____

I attend church at _____

I am a visitor of _____

Any History of Illness _____

T-Shirt (Youth Sizes) _____ **Age** _____ **Grade** _____

Is this your 1st Bible Day Camp at Church St. _____

For Office Use: Paid: _____ Check # _____