

CAMP CAUDLE REGISTRATION FORM

Camper's Name _____ Session Name: _____ Session Date: _____

Boy Girl What grade is your child going into this fall? _____ Birthdate _____ Age _____

Parents _____ Phone _____

Address _____
Street and/or Box City State Zip

E-mail _____ Home Congregation _____

T-Shirt Sizes (Please circle one) Youth S Youth Med Youth L Adult Sm
Adult Med Adult L Adult XL

Allergies or other pertinent information we should know about _____

Family Health Insurance Carrier _____ No. _____

Note to Parents: Signature of parent or guardian below authorizes CCCC to see that the applicant is taken to a doctor or hospital for emergency treatment in the event of an accident, or injury while attending camp. It is also agreed that CCCC, it's directors, trustees, officers, or attendants will not be held legally responsible for such accident or injury.

Date _____ Signature of Parent or Guardian _____

*\$50 non-refundable DEPOSIT REQUIRED for application to be accepted. \$125 if registered before April 1st. \$150 after April 1st.
Family Discount: First 2 children - full price; additional children \$75. Balance to be paid on arrival.
RESERVATIONS ARE MADE ON A FIRST COME FIRST SERVED BASIS.*

*For questions, please call Camp Caudle at 479-331-4924
PLEASE MAIL FORM AND PAYMENT TO: 857 SR 164 N • Hector, AR • 72843*