

## Bus Registration Form

Camper's Name: \_\_\_\_\_ M/F \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Parent/Guardian Phone Numbers: \_\_\_\_\_

Camp Attending: \_\_\_\_\_ Dates: \_\_\_\_\_

Which church are you registering for camp through? \_\_\_\_\_

Does your child have any allergies or medical condition we need to be aware of?  
\_\_\_\_\_ NO \_\_\_\_\_ Yes (Explain) \_\_\_\_\_

\_\_\_\_\_ I Give \_\_\_\_\_ I Do Not Give -- Evangelical Covenant Church, Thief River Falls, permission to use photos of the camper named above in any of its promotional materials, on Facebook, on the church website, or in the church newsletter.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_