

St. Anne Summer Bible Camp 2021 Registration Form



Child's Name: _____ Gender: _____

Child's Age: _____ Date of Birth: _____ Grade in Fall: _____

Name of Parent(s): _____

Street Address: _____

City: _____ Zip Code: _____

Parent Cell phone #: _____ Home Parish: _____

Parent E-mail address: _____

Allergies or Other Medical Conditions: _____

Emergency Contact other than Parent: _____

Phone #: _____ Relation to child: _____

_____ I Do give permission _____ I Do Not give permission

For my child to be photographed or video taped for educational and community relations, use such as newsletter articles, St. Anne website, etc. Your child's picture will not be labeled with their name.

Parent Signature: _____ Date: _____

Payment Received \$ _____ cash check #: _____ Date Paid: _____

T-shirt Size (registration and payment received by July 9th): (Please circle)

Youth XS Youth S Youth M Youth L Youth XL Adult S Adult M Adult L