

Mooers Camp VBS

REGISTRATION FORM

(Please Print)

CAMPER INFORMATION			
Name:			
Street address:			
City:		State/Province:	ZIP / Postal Code:
Birth date: / /	Age:		Home phone: ()
Mother:			Cell phone:
Father:			Cell phone:
or Guardian:			Cell phone:
Home Church:			
HEALTH NEEDS			
Allergies:			
Other Health Needs:			
IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):		Relationship to patient:	Home Phone: ()
			Cell Phone: ()
Name:			
Street address:			
City:		State/Province:	ZIP / Postal Code:

Photo/Video Consent: I consent to photos/videos being taken of my child by Mooers Camp Meeting Association during the normal course of their participation in camp activities, and understand that such media will become the property of the association. They may be used for promotional purposes and private social media page.

Parent/Guardian Signature

Registration Steps:

- 1) Complete the registration form
- 2) Include a copy of your child's immunization records
- 3) Please mail registration from a post office to ensure adequate postage
- 4) **Mail Registration & Immunization records to:**
Mooers Camp Meeting Association
PO Box 215
Mooers, NY 12958
- 5) OR - bring registration and immunization forms on the first day of VBS at camp (pre-registration is appreciated, but not required)

***** Meals may be purchased separately at the camp office for the fees listed! *****