



# KIDS CAMP

2018 Registration Form

One registration form per child

June 18-22 AND/OR July 23-27

1616 Oil Well Road, Jefferson City, MO 65101

PO BOX 104164, Jefferson City, MO 65110 (mail)

573-636-8994 phone 573-636-4225 fax

**Please print**

Camper Name \_\_\_\_\_

Male or Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Camp Date(s) June \_\_\_\_\_ July \_\_\_\_\_

Payment Type \_\_\_\_\_ Credit Card or Check Enclosed

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**CELL PHONE of EMERGENCY CONTACT** \_\_\_\_\_

**Emergency Email address** \_\_\_\_\_

The camp costs \$40 per child/per week. Checks can be made payable to the MJGF. We also accept MasterCard, Visa or Discover.

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

***This form must accompany the Health and Release Form***