



KIDS CAMP

2019 Registration Form

One registration form per child

June 17-21, July 8-12, AND/OR July 22-26

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 17-21 _____ July 8-12 _____ July 22-26 _____

Payment Type _____ Credit Card or Check **Enclosed**

Address _____

City/State/Zip _____

CELL PHONE of EMERGENCY CONTACT _____

Emergency Email address _____

The camp costs \$50 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