

Cross Culture Camp

Rising 5th-6th grade

Bethel Presbyterian Church

July 31st-August 3rd, 2017

July 31st-August 2nd (9 am-4:00 pm), August 3rd (9 am – 2 pm)

Camper's Name: _____ Gender: M F

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Address: _____ City, Zip: _____

Parent Cell: _____ Youth Cell: _____

Parent E-mail address: _____

Youth E-mail address: _____

School and grade for 2017/2018 school year: _____

In case of emergency, contact:

Parent (1): _____ Preferred Phone: _____

Parent (2): _____ Preferred Phone: _____

Other _____ Preferred Phone: _____

Allergies or other medical conditions (explain): _____

Other adults authorized to pick up your camper: _____

There will be small group activities. Please name one other camper your youth would like to be with during those times: _____

Registration fee: \$75. Please make checks payable to Bethel Presbyterian Church.

_____ Check enclosed. Check # _____

_____ Cash enclosed

Registration is required. Space is limited to 15 campers.

Registration Deadline: July 25th

Adult Volunteer Information:

Mission/Service projects will be a part of Cross Culture on Monday-Thursday. Additional chaperones and drivers will be needed for these activities. Please indicate days and times you would be available to assist:

_____ Monday, July 31st from _____ to _____

_____ Tuesday, August 1st from _____ to _____

_____ Wednesday, August 2nd from _____ to _____

_____ Thursday, August 3rd from _____ to _____

Name: _____

Preferred Phone (if different from above): _____

Please return to Jan Boswell, Bethel Presbyterian Church, 19920 Bethel Church Rd., Cornelius, NC 28031 or scan to jboswell@bethel-pc.org