

TEEN CHILL 2017

Registration Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DOB: ____/____/____ GENDER: M or F GRADE: _____

HOME CHURCH: _____

PARENT/GUARDIAN: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

CHOOSE A WEEKEND: FEBRUARY 3rd – 5th FEBRUARY 17th – 19th

CHAPERONE NAME: _____

ROOMMATE PREFERENCE(S): _____

PAYMENT INFORMATION:

\$100/camper \$50/chaperone (\$50 deposit needed with registration)

CREDIT CARD: MASTERCARD VISA DISCOVER

NAME ON CARD: _____

CARD NUMBER: _____ AMOUNT TO CHARGE: _____

EXP DATE: _____ SECURITY CODE: _____

Or send a check or money order to Delta Lake (checks can be made out to DLBCC)

*Also need a copy of your insurance card and a medical form (available online)



Medical Information Form for Teen Chill

Camper Name: _____

Camper Address: _____

Camper Date of Birth: _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

Please list any food, environmental or medicine allergies:

Physician's Name: _____

Physician's Phone: _____

Emergency Contact Information

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Relationship to Camper: _____

Please bring this completed form, a copy of your insurance card with you