**YOUTH Camper Registration Form**

**CHOGAR Camp Dates: July 25th – July 29th, 2023**

**For Questions & Information Contact: Jeff Irving 501-690-4435 or**

**Email** **imaginefitness@att.net**

**For Registration Questions: Rachael Blasingame @ 501-317-6446**

|  |  |  |
| --- | --- | --- |
| **Registration Date:**  |  **Price:** | **Age Group** |
| Early Bird Deadline June 1, 2023Final Deadline June 30, 2023 |   | $$100.00$$120.00 | 6th – 12th Grade |

|  |  |  |  |
| --- | --- | --- | --- |
| Camper's Name:  |  | Home Church: |   |
|  |  (first name) (last name) |  |  |
| Birth Date: |   | Male: |   | Female: |   | T-Shirt Size:(circle one)  | S M L XL 2X 3X |
|  | mm/dd/yy |  |  |  |  |  |  Adult Size |
| Circle the grade Camper has just completed this School Year 2022/2023: |
| 6th 7th 8th 9th 10th  11th 12th  |
| **CAMPER INFORMATION:** |  |  |
| PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| ADDRESS: |   |   |   |
| CITY: |   | STATE: |   | ZIP: |   |
| **FAMILY INFORMATION:** |  |  |  |
|  |  |  |  |  |
| Parent's Name:  |   | Parent's Mobile Number: |   |  |
|  |  (first name) (last name) |  |  |  |
| E-MAIL: |   |  |  |  |
| ADDRESS: |  |   |   |  |
|  CITY: |   | STATE: |   | ZIP: |   |
| Emergency Contact:  |   |
| (Other than Parent) |  (NAME) (RELATIONSHIP) (PHONE NUMBER) |
| Do you have any siblings who will be attending CHOGAR Children/Youth Camp? Yes No **List name(s) and grade** |
| **,** | **,** |   |

**CAMPER CONDUCT:**

Will you, the camper, conduct yourself in a manner that is respectful toward counselors, staff members and your fellow campers?

Yes No (Circle one)

Do you, the camper, understand that your parent/guardian may be contacted to collect you for any inappropriate behavior?

Yes No (Circle one)

Do you, Parent/Guardian, understand that you may be contacted to collect your child(ren) for any inappropriate behavior?

Yes No (Circle one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Camper Signature |   |   |   |   |
|  |  |  (Camper Signature) (Date) |
|  |  |  |  |  |
| Parent/Guardian Signature |   |   |   |   |
|  |  (Parent/Guardian’s Signature) (Date) |
|  |  |  |  |  |  |  |
| Pastor's Signature |   |   |   |   |
|  |  (Pastor's Signature) (Date) |

PAYMENT INFORMATION Check Enclosed \*Make checks payable to Church of God in Arkansas Cash Enclosed

Mail Registration to: Rachael Blasingame, 846 Breckenridge Dr., Benton, AR 72019 or Email to rablasing75@gmail.com