**A close up of a logo

Description automatically generatedYOUTH 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**](mailto:imaginefitness@att.net)

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration Date:** | **Price:** | | **Age Group** |
| Early Bird Deadline June 1, 2023  Final 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](mailto:rablasing75@gmail.com)