



**WINTER WEEKENDS 2011
Registration Form**

Use a separate form for each person attending a weekend.

Name _____

If a child: father's name _____

Street _____

City _____ State _____ ZIP _____

Home # (_____) _____ Cell # (_____) _____

Work # (_____) _____ Fax # (_____) _____

E-mail _____

If a child: Current Grade _____ Date of Birth _____ Age _____ Child lives with _____

Church you attend _____ City, State _____

If a child: mother's name _____

Street _____

City _____ State _____ ZIP _____

Home # (_____) _____ Cell # (_____) _____

Work # (_____) _____ Fax # (_____) _____

E-mail _____

Weekend Attending _____ March 4-6 boys _____ March 11-13 girls (Note: this is a change.)

I am attending as:

Division:

- Camper (child)
- Leader (adult who leads a cabin and teaches Bible Exploration)
- Helper (adult who assists the leader but does not teach Bible Exploration)
- Parent (adult with no leadership responsibilities)

- Voyager Grades 1-2
- Pathfinder Grades 3-4
- Trailblazer Grades 5-6
- Challenger Grades 7-9
- Explorer Grades 10-12

Emergency contacts (please list someone other than address and phone listed above)

1: Name _____ Relationship _____

Home phone (_____) _____ Cell phone (_____) _____

2: Name _____ Relationship _____

Home phone (_____) _____ Cell phone (_____) _____

Make checks payable to "Land o' Sunshine Camp Cedarbrook." A non-refundable deposit of \$25.00, per person, is required to hold a reservation. This deposit is part of the total fee due. Please indicate how payment will be made:

FEES:

- Registering two weeks in advance - \$70
- Registering one week in advance - \$80
- Registering less than one week in advance - \$90

PAYMENT:

- _____ I am sending \$ _____
- _____ Scholarship of \$ _____ coming from _____ church
- _____ Please apply \$ _____ from my Cedarbrook Account
- _____ Other payment of \$ _____ to come from _____

____ I will be sending medications with my child/myself. (Please send only prescription medications. Non-prescription medications are available from our nurse.)

____ I am attaching a note regarding important medical considerations/allergies/medically required diet for me/my child.

You have my permission for my child/me to attend the Winter Weekend indicated above and to participate in its activities, to sleep in a top bunk, and to receive emergency treatment if necessary. My child/I may be photographed and pictures may be used for camp promotion.

Signature of parent/guardian or adult participant: _____

If registration is for an adult, that person must sign this consent. Parent/legal guardian must sign for a child camper.

Give this form and a check, payable to Land o' Sunshine Camp Cedarbrook, to your children's coordinator.

If not coming with a church group, mail to Robin Hull: 3591 Kernan Blvd S #517 Jacksonville FL 32224

If you have any questions call 386-804-6240 or fax 904-524-8986 or E-mail: weekendregistrar@CampCedarbrookFL.org