



[JUNE 22-27 @ FAIRMOUNT WESLEYAN CAMPGROUNDS]

INVERT CAMP 2008 REGISTRATION FORM

Church: _____

Youth Leader/Pastor: _____

REGISTER WITH YOUR PREFERRED ROOMMATE ON THE DAY OF CAMP

Full Name: _____

Address: _____

City: _____

Zip Code: _____

Graduation Year: _____

E-mail: _____

T-shirt size: S | M | L | XL | XXL T-shirt ONLY
if registered
by June 15th

Gender: Male | Female

Youth groups register as a group and pay with one check.
Please give your registration form to your youth leader.
Please make checks payable to **Indiana North Youth**.

Send to:

INVERT CAMP 2008
c/o Rob Tippey
11018 Scarlet Oak Run
Fort Wayne, IN 46845

Amount Paid: \$ _____

PRE-REGISTER BY JUNE 1: \$120
PRE-REGISTER BY JUNE 15: \$130
PRE-REGISTER BY JUNE 22: \$140

[NON-REFUNDABLE PRE-REGISTRATION FEE: \$45]

REGISTRATION BEGINS AT 3PM, NO EARLIER!

PARENTAL RELEASE WAIVER

I give my permission for my child to participate in the activities of Indiana North Teen Camp. These activities include the events he/she has signed up for below. In the event of an emergency where medical treatment is required, I give permission for the Indiana North Teen Camp staff to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

SIGNED,

(parent or guardian)

EMERGENCY CARE INFORMATION

Daytime Phone: _____

Evening Phone: _____

Health Ins. Co. _____

Policy #: _____

Student's S.S.#: _____

Allergies or special medication camper may be taking:

INDIANA NORTH DISTRICT TEEN CAMP PROVIDES EQUAL OPPORTUNITIES FOR ALL RACE, GENDER, AND CREED.

THIS FORM IS ALSO AVAILABLE ONLINE:
WWW.INVERTCAMP.COM