

CAMP CONSTITUTION ATTENDEE PROFILE

*Singing Hills Christian Camp
Plainfield, NH ~ July 14-July 19, 2024
(Prepare One Form per Attendee)*

| | | |
|--|---------------------------|--|
| BUa Y'' | | |
| GHUZZA Ya VYf | 5 Xi `hfbcb!ghUZZ` | 7 Ua dYf >f"7 Ua dYf 'I bXYf(' mYUfg'c`X |
| Birth Date: Month/Day/Year fA A 18 8 !MMMML; YbXYf..... A5 @: 9A5 @ | | |
| Street Address | | |
| | | |
| City | State | Zip |
| Phone () | <ca Y K cf_ | AcV]Y · |
| Phone () | <ca Y K cf_ | AcV]Y · |
| Email or Fax No. | | |

| | | |
|-------------------------|-------------|--------------------------|
| DUFYbHU`DfcZ`Y | | |
| Name of Parent/Guardian | Attending | Self (see above profile) |
| Phone () | <ca Y K cf_ | AcV]Y · |
| Phone () | <ca Y K cf_ | AcV]Y · |
| Name of Parent/Guardian | Attending | Self (see above profile) |
| Phone () | <ca Y K cf_ | AcV]Y |
| Phone () | <ca Y K cf_ | AcV]Y |

| |
|---|
| A YXJWU`9a Yf[YbWmDfcZ`Y |
| 9A9F; 9B7M7CBH57H (Other than Parent / Guardian) |
| D<CB9fbL for Emergency Contact |
| DfYgWJ]VYX`A YXJWU]cb (taken regularly by Camper): |
| Reason for Medication |
| Specific Allergies |
| Type of Reaction |
| Activities to be Restricted & Reason |
| Does Camper have Asthma or Hay Fever? |

| |
|---|
| 6cUFX]b[`DfYZfYbWg` |
| Staffer: I am interested in Cabin Duty MYg Bc in a cabin with |
| I would like to be in a cabin with |
| <input type="checkbox"/> I am rooming with my Parent/Guardian/Family |

| |
|--|
| -bhfYghg/ `5VJ]H]Yg`fY\ YW`5`H Uh5dd`nL` |
| Art; Chess, Children's Activities, Editing/Proofing, Hiking, Historical Trivia, Juggling, Lifeguard |
| Ai g]W Song Leader, Voice / instrument` () Nature & Field Activity, Newspaper, |
| U` c[] Sports, Ping-pong, Skits, Swimming, Tug-o' War, Volleyball |
| CH Yf -bhfYghg#HU Ybfg. |
| A |
| A |

CAMP CONSTITUTION WORKSHEET

Singing Hills Christian Camp

Plainfield, NH ~ July 14-July 19, 2024

| Calculate your Costs: | Qty | x Unit | = SubTotal |
|---|-----|--------------|------------|
| Adults (Non-Staff) | | \$300 | |
| Campers (ages 12 and older) | | \$300 | |
| Staff | | \$250 | |
| Jr. Campers (ages 4-11) | | \$200 | |
| Pre-Campers under age 4 [Must Board With Parent(s)] | | FREE | FREE |
| Total Attendees: | | Total | |

Mail *Completed, Signed*, Registration Forms w/ *Payment / Deposit* to:

Camp Constitution
c/o Mr. Charles Everett
5945 Quail Hollow Road, Unit D
Charlotte, NC 28210-5028

Make checks payable to *Camp Constitution*

| CREDIT CARD INFORMATION | | Minimum Deposit = \$100 |
|--|--|---|
| <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Federal Express | | <input type="checkbox"/> Check Enclosed |
| Card Number _____ - _____ - _____ - _____ | | |
| Expiration Date ____ / ____ | | V-Code _____ |
| Name (Please Print) <small>AS It Appears On The Credit Card</small> | | |
| Statement Address <small>AS It Appears On The Credit Card</small> | | |
| Signature | | Date |
| ★★★★★ Financial Assistance <u>May Be Available</u>: Contact US For More Information ★★★★★ | | |

Checklist:

- ☐ Cost Calculation Worksheet
- ☐ Payment Information and/or Check (Include Minimum Deposit of \$100)
- ☐ 1 Attendee Profile per Attendee
- ☐ Release Forms Will Be Sent If Required by the Facility (Provide Additional Notes as Needed)

Keep a Copy of the "What You Should Know" 2 page document.
It includes A Packing List and Other Important Information.