

FC CAROLINA MOUNTAIN CAMP 2009
Registration Form

CAMP DATES: June 28th – July 3rd

COST: \$270 if paid before March 15th
\$280 if paid before May 1st
\$290 if paid after May 1st.

Send to:

F.C. Carolina Mountain Camp
32027 Rowland Road
Albemarle, N.C. 28001
(704)982-9723 before camp

Parents Name: _____

Email Address: _____

Address: _____

City _____ State _____ Zip _____

Home Phone _____ - _____ - _____



1. Camper's Name: _____

Email Address: _____

Age: _____ Birth Date _____ Sex _____

T-shirt size: ___S ___M ___L ___XL

Grade completed at time of camp: _____

2. Camper's Name: _____

Email Address: _____

Age: _____ Birth Date _____ Sex _____

T-shirt size: ___S ___M ___L ___XL

Grade completed at time of camp: _____

3. Camper's Name: _____

Email Address: _____

Age: _____ Birth Date _____ Sex _____

T-shirt size: ___S ___M ___L ___XL

Grade completed at time of camp: _____



EMERGENCY CONTACT:

Name: _____

Phone: _____

Alt. Phone: _____

Medical Release Form & Info
Parents: Please read and sign

If your child is on heavy medication or any ailments that may require immediate attention, we would advise not sending your child to this camp. Some activities may be strenuous.

I hereby authorize the physicians, nurses, and assistants selected by the camp officials or nurses to provide any necessary medical or surgical treatment upon:

Camper #1 _____

Camper #2 _____

Camper #3 _____

Signed: _____

(Parent or legal guardian must sign)

Please download "**MEDICAL FORM**" from our website and send in with payment. Our E-mail address is: fccarolinamountaincamp.com.

Make checks payable to:
"F.C. Carolina Mountain Camp"

Enclosed is the amount of _____ for _____ campers (**NOT** including white water rafting).

White water \$50. \$__ for __ campers. (NOTE: White water rafting is optional for campers 13 years and older.)