



Pajama Party



SLUMBER PARTY WEEKEND

Date: FEBRUARY 24-26, 2012

Time: 4:00 REGISTRATION/1:00 PICK UP



REGISTRATION: \$35

LATE FEE: \$10 AFTER FEBRUARY 20, 2012

WALK IN: \$45

REGISTER 3 KIDS AND 3RD CHILD COMES FREE

REGISTER 10 KIDS FROM YOUR CHURCH AND THE 11 COMES FREE

PARENTS: LIMITED SPACE AVAILABLE \$35

Contact person: Kerry Bevel: kbevel@juno.com

SLUMBER PARTY APPLICATION
Camp Echeconnee
Church of God of Prophecy Lizella, GA

PARTY ANIMAL INFORMATION

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ DATE OF BIRTH: _____ AGE: _____

SEX (CIRCLE ONE) MALE or FEMALE

Father's Name: _____ Mother's Name: _____

Father's Phone at Work _____ Mother's Phone at Work _____

Father's Address (if different) _____ Mother's Address (if different) _____

ALLERGIES ___ yes or ___ no LIST ALLERGIES on BACKSIDE of APPLICATION

Slumber Party Tuition

REGISTRATION: \$35,

LATE FEE: \$10 AFTER FEBRUARY 20, 2012,

WALK IN: \$45

REGISTER 3 KIDS AND 3RD CHILD COMES FREE, REGISTER 10 KIDS FROM YOUR CHURCH AND THE 11th COMES FREE,

PARENTS: LIMITED SPACE AVAILABLE \$35

STATEMENT OF CERTIFICATION AND UNDERSTANDING

I certify that all the information provided on this application is accurate to the best of my knowledge. I understand that in signing this application I am agreeing to abide by all the policies and disciplines of the camp, its administration and staff personnel.

Camper Signature _____ Date: _____

Parent Signature _____ Date: _____

In the event of accident, injury, sickness, or any medical emergency, I understand that reasonable effort will be made by the camp staff to contact me (parent or guardian of camper). If I am not contacted, I hereby give permission to the camp director and physician selected to secure proper treatment for, to hospitalize, and order injection, anesthesia, or surgery for the camper.

Name of Physician: _____ Physician Telephone: _____

CAMP POLICY: ALL CAMPERS WILL BE CHECKED FOR LICE BY QUALIFIED PERSONNEL BEFORE REGISTERING FOR CAMP.

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____

IMPORTANT: CAMP APPLICATIONS CANNOT BE PROCESSED UNLESS THIS FORM IS COMPLETED AND SIGNED.

Please list the name of your insurance company (Hospitalization/Medical) and policy number. Camp insurance is secondary.

NAME OF INSURANCE CO. _____ POLICY # _____

The Church of God of Prophecy Camp accepts applications on a first come, first served basis, without regard to race, creed, color, sex, or national origin.

Make Checks payable to: Church of God of Prophecy
Mail Application to : Church of God of Prophecy, Slumber Party

P.O. Box 370
Lizella, GA 31052-0370

FOR OFFICE USE ONLY:

Date Application Received: _____ Tuition _____ Check/Money Order # _____