



Keene Power Camp 2010—Registration Forms

Camper's name: _____ AGE: _____

Parent's name(s): _____

Address: _____

Daytime phone: _____

Email: _____

Church name: _____

Parents signature: _____

____ female ____ male t-shirt size ____ height ____ weight ____

Sports offered: Co-ed Basketball, Co-ed Soccer, and Girls Cheerleading

Sport that you want to specialize in: (in order of preference)

_____ 1st choice

_____ 2nd choice

Payment: for Keene POWERCAMP - mail to: **FCA 100 Washington Street, Keene, NH 03431**

_____ send check

_____ credit card

Name on card _____

Card # _____

Expiration date _____

____ Visa ____ M/C ____ Discover

\$85 for the week or \$55 if you register
before June !!

FCA POWERCAMP 2010 - Pick-up Form

Childs name: _____

Parent's signature: _____

Please list name(s) and phone # of authorized persons to pick up your child:

Monday: _____ / _____

Tuesday: _____ / _____

Wednesday: _____ / _____

Thursday: _____ / _____