

FELLOWSHIP OF CHRISTIAN ATHLETES



FCA

TRAINING

CAMP

A total athlete experience with sport, worship, and FCA training

JULY 9-12, 2009

Southwest Baptist University Bolivar, MO



PLEASE FILL OUT SECTIONS 1, 2 AND 3 ACCURATELY AND COMPLETELY, AND RETURN FORM WITHOUT DELAY TO CONFIRM YOUR ENROLLMENT.

CAMP ENROLLMENT FORM

1A Camp Code _____ 1B Last Name _____

First Name _____ 1C Gender: M F 1D Address _____

City _____ State _____ Zip _____ 1E Phone _____ / _____ 1F E-mail _____

STUDENT ENROLLMENT:

If you are a student, fill out 2A thru 2F.

2A Parent Mr. Mrs. Mr.&Mrs.

Parent Home Phone _____

Work Phone _____

Parent Email _____

2B School you will attend in Sept.

School _____

City _____ St _____ Zip _____

2C Birth date ____ / ____ / ____

2D High School graduation year _____

2E Grade/Fall '09 _____ 2F Shirt Size* _____

* Include shirt sizes for all attendees.

ADULT ENROLLMENT:

If you are NOT a student, fill out 2G thru 2H.

2G School/Business Name _____

Address _____

City _____ St _____ Zip _____

Work Phone _____

2H List family members to be housed with you. Each high school or college student must enroll on separate forms.

Spouse's Name _____

Is Spouse a Coach? Yes No

Child #1 _____ Sex _____ Age _____

Child #2 _____ Sex _____ Age _____

Child #3 _____ Sex _____ Age _____

Child #4 _____ Sex _____ Age _____

Will you need a baby crib? Yes No

PAYMENT: Fill out the following to complete enrollment.

3A Student-Athlete \$ _____

3B Adult/Couple \$ _____

3C Child/12-18 yrs \$ _____

3D Child/3-11 yrs \$ _____

3E Child/2 & Under \$ _____

3F Total Enrollment Fees \$ _____

3G Amount Enclosed (\$100 Deposit must accompany each Enrollment Form.) \$ _____

3H Other: \$ _____

3I Unpaid Balance: \$ _____

DISCOVER MASTERCARD VISA Expiration Date: _____

Card Number _____

Card Holder's Name (Print) _____

Card Holder's Address _____

City _____ State _____ Zip _____

Signature _____