



# FCA Camper Registration Form

## Camper Information

Name:		Camp Name:	
Address:			
City:		State:	Zip:
Phone:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian:			
Home Phone:		Work Phone:	
E-mail Address:			

## School Information – School You Will Attend In Fall 2009

School:			
City:		State:	Zip:
Birth Date:		Grade/Fall 2009:	Age:
High School Graduation Year:		Shirt Size:	

## Payment Information

Student Athlete Enrollment Fee..... \$ \_\_\_\_\_  
 Amount Enclosed..... \$ \_\_\_\_\_

- CHECK** – Make checks payable to: FCA
- CREDIT CARD**
  - Discover**       **MasterCard**       **Visa**

Card Holder's Name (Print):			
Card Holder's Address:			
City:		State:	Zip:
Card Number:		Expiration Date:	
CID:		Signature:	

Please fill out the Camper Registration Form and send with payment to:

**Buckeye Border FCA**  
**310 Francis Drive**  
**Wauseon, OH 43567**