

FCA COED TEAM LEADERSHIP CAMP

**For Team Captains and
Emerging Leaders**

**July 21-24, 2009
Lincoln Christian College
Lincoln, IL**

Camp ENROLLMENT Form

Camp Code ILLI 0721LDC Name _____

Gender: M F E-mail _____

Address _____ City _____ St _____ Zip _____ Phone _____ / _____

Parent Mr. Mrs. Mr. & Mrs.

Parent _____

Home Phone _____

Work Phone _____

Email _____

School you will attend in September:

School _____

City _____ St _____ Zip _____

Birth date _____ / _____ / _____

High School graduation year _____

Grade in fall '08 _____ Shift Size _____

Camper Coach Couple Children: _____ (#)... \$ _____
Amount Enclosed \$ _____

Unpaid Balance \$ _____

\$100 Deposit must accompany each Enrollment Form. Make checks payable to Fellowship of Christian Athletes or pay by Credit Card:

DISCOVER MASTERCARD VISA Expiration Date: _____ / _____

Card Number: _____

Card Holder Name (Print) _____

Card Holder Address _____

City _____ State _____ Zip _____

Signature _____