

2009 FCA CAMPUS LEADERSHIP Training Camp

for FCA Campus
Ministry Leaders and
Huddle Coaches in the
Bloomington-Normal Area

August 3-4
(Monday-Tuesday)

**East Bay Camp
& Retreat Center**
Hudson, IL

Camp ENROLLMENT Form

Address _____ First Name _____ Last Name _____
 Phone _____ / _____ City _____ State _____ Zip _____
 E-mail _____ Gender: M F

STUDENT ENROLLMENT:

If you are a student, fill out this section.

Guardian Parent Mr. Mrs. Mr. & Mrs.

Home Phone _____

Work Phone _____

Guardian's E-mail _____

Grade you'll be in this fall: _____

School Name _____

High School Graduation Year _____

Birth date _____ / _____ / _____

T-Shirt Size (Adult S/M/L/XL/XXL/XXXL) _____

Any medical problems or medication that we should be aware of? Please list them: _____

PARENT'S (Guardian) SIGNATURE:

If I cannot be reached in the event of an injury* to my child, I hereby authorize the camp staff to provide such first aid treatment as deemed necessary and advisable including emergency hospitalization. I understand that I shall be notified as soon as possible of any such action. *FCA will provide **secondary** insurance coverage for campers during camp.

Parent's Signature _____ Date _____
 Preferred Hospital: _____

PAYMENT:

Fill out the following to complete enrollment.

Total Fee \$ **65.00** per person
 A \$25 Deposit must accompany this Enrollment Form. *

Amount Enclosed \$ _____

Unpaid Balance (Due upon arrival).... \$ _____

Make checks payable to FCA or pay by credit card:

DISCOVER MasterCard VISA Exp. Date _____ / _____

Card Number: _____

Cardholder's Name (Print) _____

Cardholder's Address _____

City _____ State _____ Zip _____

Signature _____

* If paying by credit card, no deposit is required. The entire fee (\$65.00) will be charged when the form is received.

Mail your Enrollment Form & deposit by **July 20, 2009** to FCA, **706 E Oglesby, Ste. 112**, Normal, IL 61761.