
Name

Mailing Address

City, State, Zip

Phone Number

Email

____ Sex ____ Date of Birth ____ Graduation Year

School Attended

Parent's Name

Parent's Work Phone

PAYMENT OPTIONS: \$300 Per Person

____ Cash ____ Check ____ Charge

Charge Card Info:

____ Discover ____ Mastercard ____ Visa

Card Number

Card Holder's Name (PRINT)

Card Holder's Address

City, State, Zip

Signature

CAMP CODE: MSJA 0603 LDC



FELLOWSHIP OF CHRISTIAN ATHLETES



Mississippi Leadership Camp

Belhaven University
Jackson, MS

June 3-6, 2010

Camp Code: MSJA 0603 LDC

