

2010 KUMC U.M.ARMY Workcamp

Adult Registration Form

High School Camps June 20-26 or July 11-17

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Registration: (1) this completed form, (2) a payment of \$215 (discounts available to families send for details contact Cheryl Litherland at KUMC 281-358-2137 or Cheryl.Litherland@kingwoodumc.org), (3) a copy of your U.M.ARMY Registration Form. (4) a copy of your health insurance card (both the front & the back), (5) a copy of your Driver's License, (6) a copy of your auto insurance and (7) the Driver Application Form A.

Registration will be accepted on a first-come basis.

Please make checks payable to KUMC U.M.ARMY. Note: No refunds can be made unless another adult is registered in your place at a later date.

Name: _____

Address: _____ Zip: _____

Home Phone: _____ Male Female

Cell Phone (bringing to Camp): _____ Shirt Size (circle) S M L XL XXL XXXL

EMAIL ADDRESS for Camp Notices: _____ Number of U.M.ARMY work camps previously attended? _____

Camp preferences: Please put a 1 by your first choice and 2 by your second choice. If you absolutely cannot attend one of the months, put an X by that date.

June 20-26: _____
July 11-17:

Safe Sanctuary Training Completed :
Yes Year _____
No If not, we will contact you for scheduling.

List 2 friends you would like to be with in your camp. 1. _____ 2. _____

List 3 jobs you would like to do at camp: Work Team Adult, Sites, Kitchen, Tools, Color Group Leader, etc.

1. _____
2. _____
3. _____

Make and model of vehicle you will be bringing to camp. _____

WTAs need a minimum of 5 seatbelts.
Number of seatbelts including driver's. _____

ALL PARTICIPANTS MUST BE PRESENT THE ENTIRE WEEK OF WORK CAMP.

For Office Use Only (Please do not write in the space below)

Registration Number: _____

Payment Amount \$ _____ Date: _____ Check Number: _____

Participant **Signature** on U.M. ARMY Form

2 - Copies of Insurance Card (B & F)

Diver's License copy

Drivers Application Form A

Copy of Auto Insurance

T-Shirt Size: _____