

2010 KUMC U.M.ARMY Workcamp

Youth Registration Form

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

Y

Y

Registration: (1) this completed form, (2) a payment of \$150 (discounts available to families sending participants, for details contact Cheryl Litherland at KUMC 281-358-2137 or Cheryl.Litherland@kingwoodumc.org, and (3) the U.M. ARMY Registration Form. (4) a copy of your health insurance card (both the front & the back). 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 youth is registered in your place at a later date.

Name: _____

Address: _____ Zip: _____

Home Phone: _____ Male Female

'09/'10 School Year: (circle) _____
Freshman Sophomore Junior Senior
Shirt Size (circle) S M L XL XXL XXXL

EMAIL ADDRESS (parent or youth) 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:

List 5 friends you would like to be with in your camp.

1. _____	4. _____
2. _____	5. _____
3. _____	

Service Project: _____ Date: _____

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

Parent Signature on U.M.ARMY Form

2 - Copies of Insurance Card (B & F)

Stock Money Received

Service Project Chosen

T-Shirt Size: _____