KIDZ KAMP AT RIVERBEND

Name of Camper				
Grade (current)	Gender			
Parent Names				
Complete Address				
Home Phone Number			_	
Cell Phone Number				
Email			-	
T-Shirt Size <u>YS YM \</u>	YL AS AM AL	. AXL		
(circle one)				
Please return this complete Ministry Office by March 1	5	- '	•	
For more information, contocathyh@fbcplano.org.	act the Children's Mi	nistry Office at 9	72-424-8551, ext	. 135 or email
May we use appropriate pic	tures of your child o	n FBC Plano websit	tes/publications?	
Yes No				