

KIDS CAMP AT CAMP COPASS

Name of Camper _____

Grade (current) _____ Gender _____

Parent
Names _____

Complete
Address _____

Home Phone Number _____

Cell Phone
Number _____

Email _____

T-Shirt Size YS YM YL AS AM AL

(circle one)

Please return this completed registration form along with a deposit of \$10 to the Children's Ministry Office by April 1, 2018. Place in drop box outside the Children's Ministry Office.

For more information, contact the Children's Ministry Office at 972-424-8551, ext. 135 or email cathyh@fbcplano.org.

May we use appropriate pictures of your child on FBC Plano websites/publications?

Yes _____ No _____