



**2020 Camping Season
4th Grade
(Alternate choice for those entering 5th Grade)
July 26-30, 2020**

Name _____ **How associated with church?**
(Circle all that apply: WNL Sunday School Friends Member)

Address _____ Phone # _____

Parent's Names _____

First Time Camper: Why do you want to attend a week of Junior Camp and what do you think you will learn there?

Returning Camper: What new things would you like to learn and do at Junior Camp this year?

Your Signature

Pastor's Signature

Date

Put this form in the **Church Office Mailbox** or return to the **Church Office**