



**2020 Camping Season
“Youth Camp”
Grades 10th – 12th
June 7-13, 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 Youth Camp and what do you think you will learn there?

Returning Camper: How do you think a week at Youth Camp will help you in your daily walk and talk in life?

Your Signature

Pastor's Signature

Date

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