



2010 Camp Como Adult Camper Registration

Event name registering for: _____

Date of Event: ____/____/____

Camper Name: _____

D.O.B. ____/____/____ Male Female

Spouse registration:

Camper Name: _____

D.O.B. ____/____/____ Male Female

Address: _____ City: _____

State: ____ Zip: _____

Home Phone :(____) _____

Email _____

What Church do you attend _____

What Church are you registering with: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

FOR OFFICE USE ONLY

Payment Information

Regular camper fee payment received \$ _____ Date Received ____/____/____

Cash? Check# _____ Initials _____

Balance Due \$ _____