

Camp St. Christopher Winter Camp

January 12-14, 2018

Christ the Savior Orthodox Cathedral, Miami Lakes, FL

PARTICIPANT INFORMATION

NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
AGE _____ T-SHIRT SIZE (Circle): S M L XL XXL
EMAIL _____
PLEASE CIRCLE ALL THAT APPLY: Participant Chaperone Other: _____
PARISH _____

PARTICIPANT'S

SIGNATURE _____ DATE _____

REGISTRATION COST IS \$50 BEFORE December 15

PERMISSION SLIP WAIVER

(To be completed by parent of participant if under the age of 18)

_____ has my permission to participate in CSC Winter Camp. I understand that Camp St. Christopher, Christ the Savior Orthodox Cathedral, and their representatives are not liable for damage, loss or injury to person or property in connection to participating in the camp on January 12-14, 2018. In addition, I hereby authorize the authorized adult chaperone in to whose care I have entrusted my child to consent to medical treatment of the above stated minor in my absence.

PARENT

SIGNATURE _____ DATE _____

Checks are to be made payable to St. Stephen Orthodox Church. You may also pay by using the "donate" button at www.ststephenoca.com and marking your gift "camp st. Christopher"

Mail registration to: Camp St. Christopher St. Stephen Orthodox Church PO BOX 950209 Lake Mary, FL 32746 or email to: frdaniel@ststephenoca.com.