



LEARN & SERVE

Elementary Learn and Serve Registration Form

SIFAT 2008

June 29-July 2, 2008

1 Please Read

- Checks should be made payable to SIFAT.
- A \$50 deposit is required with this registration form. The balance of \$100.00 will be due by May 15, 2008.
- Please mail all payments to:
Elementary Learn & Serve
SIFAT
2944 County Rd. 113
Lineville, AL 36266
- Registration cannot be processed without a completed form and deposit.
- When we receive your completed form and deposit, you will be e-mailed a confirmation, a Health Form, a list of items to bring for L&S, and check-in / check-out information.
- **If you cancel your registration for any reason, the \$50 deposit is non-refundable.**

2 Camper Information

Camper's Name: _____ Gender: _____ Date of Birth: ___/___/___ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phones: (____) _____ (____) _____ (____) _____ (____) _____ Grade: _____

Camper's Email: _____ Foods camper is allergic to: _____

Camper's Church: _____ Denomination: _____

What name does the camper go by?: _____

What are the camper's interests/talents? _____

What would you like the counselors to know about the camper?: _____

Are there any special needs/concerns for the counselors to be aware of? yes no

If yes, please explain: _____

Does the camper swim well? yes no T-shirt size (circle): YS YM YL AS AM

3 Sign Releases

Promotional pictures of some events are taken by SIFAT staff and on occasion by local media representatives. Unless otherwise noted, your signature grants permission for SIFAT and/or local media representatives to take and use appropriate promotional-related photographs. No children will be named if images are used.

I have read, understand and agree to the payment terms as printed above. All information required to register this camper is correct and I understand that any false information could result in refusal to accept registrant by SIFAT. I understand that my signature is required in order for this registration form to be processed.

Parent or Guardian: _____

Print Name Clearly

Signature

Date