



RESURRECTION MIDDLE SCHOOL
YOUTH SUMMER DAY SERVICE WORK CAMP 2020
REGISTRATION FORM

(Please Print)

Camper's Name: _____

Phone Number: _____

Mailing Address: _____

Adult T-Shirt Size: _____

**Present School Attending
2020:** _____

**Grade in
Sept. 2020:** _____ **Birthdate:** _____

Mother's Name: _____

Father's Name: _____

Parent E-mail: _____

Parent Cell/phone: _____

Work Camp Date: July 13-July17
Cost: \$175.00

Completed by office staff:

Date received Registration Deposit (\$25.00) _____ **Ck#** _____ **Cash** _____
Balance Paid: Amount _____ **Ck#** _____ **Cash** _____ **Date** _____

Notes: _____