

Camper Registration ~ Camp Guadalupe 2014 ~

St Francis of Assisi June 23-27
Malvern Retreat House July 14-18
9:30 am - 2:15 pm

Parent's Last name: _____

Parent's First names: _____

Street: _____ City: _____ State: _____ Zip: _____

Primary phone: _____ Secondary phone: _____

Primary e-mail: _____ Secondary e-mail: _____

Home Parish? _____ How did you learn about Camp? _____

Child's Name	Age	Birth date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

Please list any important medical/social information we should know about your child(ren):

Please register my child(ren) at

St. Francis of Assisi

Malvern Retreat House

I am enclosing a tax-deductible donation for a child who would otherwise be unable to attend Camp.

\$ _____ total amount enclosed
please make checks payable to **Living Bridges**

\$90 first child / \$75 each additional child / \$250 max per family



Release: I give full permission for my child(ren) to participate in Camp Guadalupe activities. The applicant and parent agree that Living Bridges volunteers, instructors, and members of this organization and Malvern Retreat House will not be held responsible for accidents or losses, however caused and agree to release all parties involved from claim, lawsuit or damage which may arise as a result of or by reason of such loss or accident. Every precaution will be taken to insure the safety of the children. I also give permission for my child(ren) to be photographed for use in Living Bridges media.

Signature of Parent/Guardian: _____ Date: ____/____/____