

NWD KIDS CAMP 2015
GROUP REGISTRATION FORM

Church Name: _____
Address: _____
City, State, Zip : _____
Email: _____

Senior Pastor: _____
Church Phone: _____
Fax: _____

Group Leader/Church Representative

Leader Name: _____
Email: _____

Phone Number: _____

Registration Information

Number of student registered:

~Must be 1st – 6th grade (completed) unless otherwise approved by Randy & Rhonda Holt

Male: _____ Female: _____

Payment Information

Amount enclosed \$ _____

~ Please include at least \$150 per child (registration fee). Balance of \$100 per kid is due upon arrival at camp.

~ **PLEASE MAIL BY Friday June 5th to ensure kids requested room assignments.**

Check Numbers: _____

*****PLEASE SEE THAT CHECKS ARE NOT WRITTEN TO YOUR CHURCH*****

Checks payable to NWD Youth Ministries

Refund Policy: All deposits are non-refundable but are transferable.

This registration and payment are confirmation that you have read and accept this registration policy.

Senior Pastor or CM Leader signature: _____

Date: _____

Please note the email to be used for confirmation of this registration:

Email: _____

*****Please contact us with any questions of concerns at rhondakaye@comcast.net**

Please mail each child's registration form and all checks to:
NWD Youth Ministries,
c/o Randy & Rhonda Holt
117 William Penn Way, New Brighton, PA 15066