

NWD KIDS CAMP 2019
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 Matt/Sammi Shaylor

Male: _____ Female: _____

Payment Information

Amount enclosed \$ _____

~ Please include at least \$160 per child (registration fee). Balance of \$100 per kid is due upon arrival at camp.

~ **PLEASE MAIL BY Monday, June 10th to ensure kids requested room assignments.**

Check Numbers: _____

Checks payable to NWD Kids Ministry

**-Please send one combined check if NOT written payable to NWD Kids Ministry-
(Do not send checks payable to your church)**

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: _____

**Any question/concerns contact:
(440)-241-2231 - nwdkidscamp@gmail.com**

**Please mail each child's registration form and all checks to:
NWD Kids Ministry
1136 Jackie Lane, Mayfield Heights, Ohio 44124**