## Fort Hope Camp Registration

PO Box 132, Arroyo Grande, CA 93421 ~ info@forthope.org

Desired camp date: \_\_\_\_\_

Name of Participant: Last First M.I	Circle One:
	Male Female
Address:	Date of Birth:
City/State/Zip:	Home Phone:
Parent's/Guardian's Name:	Mobile Phone:
Camp Contact Person: (Who we contact during the camp in case of injury or sickness)	Contact Phone:
Alergies and Other Important Medical Information we should know about your children:	Email:
Mail camp fees and paperwork to: Fort Hope, Inc. PO Box 132, Arroyo Grande, CA 93421	
Checks can be made out to Fort Hope, Inc.	
*My signature below attests that I have read with my child and agree to Fort Hope acknowledge that I have read Fort Hope, Inc's. Statement of Faith and recognize the	
organization. As such I give permission for my child to participate in Fort Hope, I	nc.'s programs.
**Safety Policies and Statement of Faith are posted on our website: www.forthope.	org
Signatures of <b>Both</b> Parents/Guardians	Date:
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