



Word of Life

SUMMER CAMP ~ July 2-8 2017

Name _____

Address _____

Phone Number _____

PARENT'S EMAIL ADDRESS _____

Birth Date _____ Grade entering in Fall 2017 _____

Camp registering for ☐ **The Island (9th-12th)** ☐ **The Wild (7th-8th)**

After your deposit is made, you will receive an **email** with a link to complete your **Health Forms** online.

Cost: \$350

NON REFUNDABLE DEPOSIT OF \$75 DUE MARCH 31, 2017