



SonRock Kids Camp Registration

Name _____

Birthdate _____

Street address _____

City _____ State _____ Zip _____

Home phone (_____) _____

Cell phone (_____) _____

E-mail _____

Parent(s) name(s) _____

Parent(s) work phone(s) _____

In case of emergency, contact _____

Allergies or other medical conditions _____



School grade just completed _____

Name of home church, if any _____
