

# REGISTRATION FORM



A creative arts day camp designed to help young girls realize that they are created by God for a unique purpose.

**SUMMER CAMP 2019**  
**Monday, June 3 - Friday, June 7**  
**9:00 a.m. until 1:30 p.m.**  
**at Lake Oconee Presbyterian Church**  
**For rising 3rd - rising 8th Grade girls**

**Cost for the entire week is \$200.**  
**Make checks payable to LOPC**

**WE WILL BEGIN ACCEPTING REGISTRATION FORMS ON MONDAY, MARCH 18.**  
**SPACE IS LIMITED. RESERVE EARLY!**

**RETURN COMPLETED FORM AND PAYMENT TO:**

**Susan Atkins**  
Created for a Purpose  
LOPC  
113 Scott Rd.  
Eatonton, GA 31024

**QUESTIONS?**  
Email [susanatkins51@gmail.com](mailto:susanatkins51@gmail.com)

Additional information may be found at  
[www.createdforapurpose.org](http://www.createdforapurpose.org)

Name \_\_\_\_\_

Grade entering in Fall 2019 \_\_\_\_\_

School \_\_\_\_\_

T-Shirt Size: Youth  Med  Lg  
Adult  Sm  Med  Lg

Parents \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Allergies \_\_\_\_\_

In the event of an emergency, please contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

I would like to be in a group with one of these two friends:  
(Girls are grouped by grade)

1. \_\_\_\_\_
2. \_\_\_\_\_

## Photo Release

I, \_\_\_\_\_ give my permission for my child's photo \_\_\_\_\_ (name) to be used for CFAP promotional purposes as deemed useful by the camp director. Names of the children will not be released.

parent signature \_\_\_\_\_  
date \_\_\_\_\_

## Medical Release

It is my understanding that in the event of an emergency involving my child, every attempt will be made to reach me or the Emergency Contact Person I have listed for my child. If I cannot be contacted I give my permission for camp personnel to provide medical services that are deemed necessary.

parent signature \_\_\_\_\_  
date \_\_\_\_\_