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LIFE BUILDERS

PA CHRISTIAN ENDEAVOR MISSION WORK CAMP

ADULT REGISTRATION/MEDICAL INFORMATION FORM (18 YEARS OF AGE AND OLDER)

Circle the week you would like to attend:

- June 24-30
- July 1-7
- July 8-14
- July 15-21
- July 22-28

Circle your T-shirt size:

- S M L XL XXL XXXL

Please print your information clearly in black or blue ink

PARTICIPANT'S NAME: _____

Gender: **M** or **F** Birth Date _____ E-Mail _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell (____) _____

Occupation (optional): _____

CHURCH _____

Pastor _____

Street Address _____ Youth Leader _____

City _____ State _____ Zip _____ Phone (____) _____

GENERAL HEALTH INFORMATION:

List any medications needed; physical limitations; allergies to food, drugs or bee stings, etc; current illnesses; concerns like asthma, heart problems, diabetes, seizures, etc; and any other helpful information. PACE is not responsible for the purchase of medicine or special foods. *Youth leaders are responsible for dispensing any medications to their teens.* _____

_____ Date of last tetanus shot _____

HEALTH INSURANCE INFORMATION:

Your insurance card information is necessary. Please make certain a photocopy of the front and back of your insurance card is attached to the registration form.

Physician _____ Phone (____) _____

Dentist _____ Phone (____) _____

EMERGENCY CONTACT PERSON: Who can we call in case of an emergency?

Name _____ Relation _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell (____) _____

PARTICIPANT AGREEMENT

By signing below, you agree to participate in the entire Life Builders, a PA Christian Endeavor Mission Work Camp program, with enthusiasm. "I will conduct myself in a Christian manner and agree to follow the Teen Guidelines and all other rules as outlined for me."

Signature of Participant _____ Date _____

Register early to save and to secure your LIFE BUILDERS week!

Early Bird Rate is **\$285** (\$100 deposit due by 2/12/07 * final payment and all forms due by 4/16/07)

After 2/12/07, the Standard Rate of **\$310** is due with registration forms by 4/16/07.

Office use only: Rcvd: _____ RE: _____ Other notes: _____