## Volunteer Registration

Name					
Adult		*Youth Age			
Birthday		_			
Phone #					
E-mail					
Address					
Days/Times availa	able:				
Sun June 23	Mon June 24	Tue June 25	Wed. June 26	Thur. June 27	Fri. June 28
Time:	Time:	Time:	Time:	Time:	Time:
Friday takeSnack PrepClean-upMorning Che3:00 CampeArts and CraftPick up take	down (Put the chucker)  Camper Supervi  Monda  eck-in  er Check-out  Thursday Water  e-out lunches for Calth/medical issues	urch back togethesionNurse sionNurse sionNurse sionNurse side side side side side side side si	check-outDo	_	
Emergency Conta	act:				
Name:ph					<u></u>
*Parents of Youth	n Volunteers:				
My child has perr	mission to leave the	e church proper	ty (for example, t	o run an errand)	
Sign:					