

2009 Mount Olivet Cathedral of the Pines Registration

Complete card for each camper for **each** session. Return to Kris Ericksen at Mount Olivet Church (5025 Knox Ave So, Mpls., MN 55419) with \$50.00 NON-REFUNDABLE deposit for **each** session.

(If paying with credit card, the full tuition will be charged)

Name (Last, First, Middle initial) _____

Address _____

City _____ State _____ Zip (9 digit) _____ - _____

Grade, September 2009 _____ Age _____ Gender M or F Birthdate _____

(circle one)

Church: Mount Olivet _____ Other _____ School _____

Parent _____ Email _____

Phone (H) _____ (W) _____ (C) _____

Parent _____ Email _____

Phone (H) _____ (W) _____ (C) _____

Cash ___ Check ___ Credit Card # _____ Expiration Date _____

DATE OF CAMPING PERIOD _____

~ ~ ~ ~ ~ (Do not write in space below) ~ ~ ~ ~ ~

Deposit _____ Balance _____ Physical _____ MS _____ Fam# _____ Activity _____