

**2010 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: _____

Gender: _____ (M or F) Birthdate: _____

As of September 2010, Grade _____ Age _____

Church: Mount Olivet ___ Other _____

School: _____

Parent _____

Email _____

Phone (H) _____

(W) _____ (C) _____

Parent _____

Email _____

Phone (H) _____

(W) _____ (C) _____

Payment: Cash ___ Check ___ Credit Card ___

Credit Card # _____

Exp. Date _____

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

Date of Camping Period: _____

Complete card for **each camper for each session.**

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

Family# _____ Member Status _____

Deposit _____ Balance _____

Physical _____ Activity _____