

Ambassador Camp - Registration Form

Address until June 10th: Ambassador Camp
1595 Old Lumberton Rd.
Whiteville, NC 28472
(910) 642-2853

After June 10: Ambassador Camp
P.O. Box 200
Lake Waccamaw, NC 28450
(910) 646-3909

Camper _____ Age _____ Boy Girl

Address _____ City _____

State _____ Zip _____ Birthdate ____/____/____ Grade Completed _____

Church _____ Parents _____

Phone (____) ____-____ Preferred Weeks _____
(1st choice) (2nd choice)

PARENTS: This questionnaire must be completed and signed before a camper is accepted.

1. Is your child taking any kind of medication? Yes No What kind? _____
2. Is your child allergic to any medication? Yes No Specify _____
3. Does your child have any problem that we should be aware of in order to help him or her adjust to camp life?
Explain: _____
4. Do you give permission for medical treatment as may be prescribed by a physician in case of emergency?
Yes No
5. Do you give permission for participation in swimming? _____ Canoeing? _____ Water skiing? _____
6. Please give the date of camper's last tetanus injection or booster: _____
7. Camper's swimming level: Non-swimmer Beginner Average Above average
8. Have you read the Camp folder carefully? Yes No Please keep it for later information as needed.

Signature _____ Date _____

Registration fee MUST accompany this form; the balance is payable upon arrival. Please enclose a check made payable to Ambassador Camp, or fill out the information below. If you are enclosing a check, you may leave the following blank.

Card Type: Visa Master Card Discover Expiration date: ____/____

Card number: _____ - _____ - _____ - _____ CVV Code _____

Full registration fee (\$185) **OR** Deposit (\$85) Water skiing (\$35) **OR** Tubing (\$35)

These water sports are optional. Please select only one if your child chooses to participate. Windsurfing sign up (\$30) is at registration on Sunday afternoon.

Signature _____ Total _____