

# 6<sup>th</sup> Grade Camp: May 3-5, 2019

## Locality Group Registration Form

Locality \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Please try to send a serving brother or parent if you have young brothers coming and a serving sister or parent if you have young sisters coming.

Name	6 <sup>th</sup> B/S	Adult B/S	Car? Y/N If yes, # seats?	Pet allergies? Food allergies?	Adults: Phone # and email address
<i>Example: Anna Riley</i>	<i>S</i>			<i>none</i>	
<i>Example: Megan Riley</i>		<i>S</i>	<i>Yes – 5</i>	<i>Cats</i>	<i>706-123-4567    meganriley@gmail.com</i>

1. Email this form to [churchinathens.conference@gmail.com](mailto:churchinathens.conference@gmail.com) by April 21, 2019.
2. Postmark registration payment by April 23, 2019 to:  
 Church in Athens  
 P.O. Box 6767  
 Athens, GA 30604
3. Serving ones in each locality will be responsible for the medical release forms. Do not send the forms with your registration.