

2012 REGISTRATION FORM

www.campjburg.org

Note: We ask that you attach a note to the registration form describing any physical, emotional, dietary, or psychological conditions that will assist our medical and counseling staff in providing the best possible care for your child.

PO BOX 475

Johnsonburg, NJ 07846

Camper's Last Name _____ First _____

Street _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Parent/Guardian email: _____

Birth Date ____/____/____ [] Male [] Female Age in June '12 _____ Grade Entering in Sept. '12 _____

Parent #1's / Guardian's Name _____ Cell Phone () _____

Parent #2's / Guardian's Name _____ Cell Phone () _____

Parent #1's / Guardian's Business Phone: _____ Parent #2's / Guardian's Business Phone _____

In case of emergency contact: _____ Relationship _____

Emergency Phone () _____

Has camper attended Johnsonburg before? [] Yes [] No

Church Name: _____ City: _____

Pastor Name: _____ Church Phone: _____

I am willing to be a camp contact in my church. Yes, I have notified my pastor of my child's enrollment. _____

Please put child with (one person only): _____ Parent/Guardian was: a camper staff member at Camp Johnsonburg.

How would you like to receive your confirmation packet:

- Please send my forms and confirmation by mail
- Please send my forms and confirmation via the email that I have provided above

Copies of all forms (except the confirmation invoice) may be downloaded from our website: www.campjburg.org

