

CAMP LIVING STONES INDIVIDUAL REGISTRATION

Name of Participant: _____ Age & Grade: _____

Parent/Guardian: _____ Phone: _____

Address: _____

E-mail: _____

Registering for Camp dates:** Monday _____, 20__ *Arriving:** _____ am/pm
through Saturday _____, 20__ ****Picking-up:** _____ am

Things we should know: _____

Parent/Guardian Signature: _____ Date: _____

***Please mail your payment of \$290 (early registration \$280 prior to Dec. 1st) per participant made out to "Camp Living Stones, Inc." along with this registration form, attached Medical, Waiver, and Sunburst forms to:**

**Camp Living Stones, Inc.
534 County Road 876
Englewood, TN 37329**

**** First meal: 12:30pm lunch on Monday; Final meal: 8:00am breakfast on Saturday**

CAMP LIVING STONES*(423)263-5060

***camplivingstones@gmail.com*www.camplivingstones.com**