Compassion Camp Registration (One per participant)

Child's Name

_____

Home Address

_____

City _____ ST _____ Zip _____

Home Phone _____ Cell_____

Email _____ _____Male _____Female

Age (by Jan 1st) _____ Last Grade Completed _____

Emergency Contact Name _____

Phone _____

Emergency Contact Name 2

_____

Phone _____

Needed Medical Information

_____

Please return to the Westminster Church Office (353 E. Pine St.) or email it to wpcwooster@gmail.com by July 12.