

CHURCH REGISTRATION FORM

CENTRIFUGE 2010 Youth Camp

For Youth going into Grade 7 - 12th Grade Graduate

July 5-9, 2010

Church _____

Phone # _____

Amount Enclosed \$ _____

Registration: Monday 2:00-3:45 p.m.
Camp concludes: Friday @ 11:00 a.m.
Puu Kahea Conference Center

Complete & Mail Form with Church Check to:
Centrifuge Youth Camp
Hawaii Pacific Baptist Convention
2042 Vancouver Drive
Honolulu, HI 96822-2491
Make Check payable to: HPBC

Do Not Write in This Space

Date Received _____

Amount \$ / Bank / Check # _____

of Campers: Male _____ Female _____

of Counselors: Male _____ Female _____

Registration Fee (Youth or Counselor)

\$200 By June 10
\$225 By June 24

Please print or type ALL the following information
(Copy this form for additional names.)

	Name	T-Shirt Size	Completed Medical Release Enclosed	Amount Paid \$	Age	School Grade Completed	Youth (Male/Female)	Counselor (Male/Female)	Counselor Assignment (Write in Counselor Name for specific Youth)
	<i>ex. John Doe</i>	<i>L</i>	<i>Yes</i>	<i>\$225</i>	<i>15</i>	<i>9</i>	<i>M</i>	<i>---</i>	<i>Sam Smith</i>
1									
2									
3									
4									
5									
6									
7									
8									
9									

Church Youth Coordinator (Mr) (Mrs) (Ms) _____

Daytime Phone # _____ (Fax) _____

Cell Phone # _____

(E-Mail) _____

Our Group **WILL** or **WILL NOT**
be going off-campus for Wednesday dinner
meal. *(Please circle correct response)*
[At Your Own Expense]