St. Andrew Summer Camp
Helper Information Form 2010

Name _____ ***Grade in Fall 2010*** _____

Mailing Address _____
Email Address_____
I'd like to help with:

_____ Kinder Camp (3-5 year olds) …….. July 5th - 9th ... 9:00 a.m. - 1:00 p.m.
__ M __ T __ W __ TH __ F

_____ Day Camp (1st - 5th graders) …….. July 26th – July 30th ...9:00 a.m. - 3:00 p.m.
__ M __ T __ W __ TH __ F

T-Shirt Size: *(check one size only)*

❑**Youth** M ❑**Youth** L
❑**Adult** S ❑**Adult** M ❑**Adult** L ❑**Adult** XL ❑**Adult** XXL

__ I am signed up for Beach Camp so I don't need an additional t-shirt.

Parent's Name(s) _____ Home Phone _____
Work Phone _____

Emergency Contact (***during camp hours***) _____
Phone _____

My child is allergic to the following foods, medicines, etc: _____
_____

Your Home Church (put none if none)_____

If I or my emergency contact person are unreachable by phone, I authorize counselors and staff from St. Andrew Lutheran Church to seek emergency medical attention for my child named above, should the need arise.

Parent/Guardian's Signature _____

Print Name Here _____