



Experience Your Creator **CAMP SUSQUE INC.**

www.susque.org 47 Susque Camp Road, Trout Run, PA 17771 susque@susque.org 570.998.2151

YOUTH SUMMIT STUDENT REGISTRATION FORM

CHURCH: _____

STUDENT INFORMATION:

Name: _____ School: _____

DOB: _____ Current Grade: _____

Address: _____

Please Note Dietary Restrictions: _____

PARENT/GUARDIAN INFORMATION:

Name: _____ Relationship to Student: _____

Phone : _____ E-Mail: _____

EMERGENCY CONTACT:

Name: _____ Relationship to Student: _____

Phone: _____

I am aware of the typical camp activities offered and give permission for my child to participate fully in all camp activities and to be included in any media productions. I understand that my student will be under the primary care of the chaperones of _____ (church).

Parent/Guardian Signature: _____

Date: _____

PLEASE TURN THIS FORM IN TO YOUR CHURCH.



You are worthy, O Lord, to receive glory and honor and power; for you have created all things, and for your pleasure they are and were created.

Revelation 4:11

