

Chalice Camp Registration Form

Child 1

First Name: _____ Last Name: _____

Pronouns (She/He/They/Etc): _____

Date of Birth: _____ Grade Level: _____

Allergies/Food preferences:

Anything we should know to help your child feel more comfortable:

Child 2

First Name: _____ Last Name: _____

Pronouns (She/He/They/Etc): _____

Date of Birth: _____ Grade Level: _____

Allergies/Food preferences:

Anything we should know to help your child feel more comfortable:

Please record additional children on the back of this form.

Guardian

First Name(s): _____ Last Name(s): _____

Address(es): _____

Phone number(s): _____

Email Address(es):

- I/we give permission to have my/our child(ren) photographed
 I/we give permission for UUCUV to use my/our child(ren)'s images (not names) in promotional materials
 I am a member so my registration is free. I am not a member and have enclosed a \$40 check to UUCUV with memo: Chalice Camp

Guardian's Signature: _____ Date: _____