

ILLINOIS TEEN CAMP COUNSELOR APPLICATION

Camp is **June 25-29, 2012!**

Tell Us About You

Your Name _____ Home Phone _____ Cell Phone _____

Street Address _____ City _____ State _____ Zip _____

E-mail Address _____ Age _____ M F
Gender

Church _____ Youth Leader _____ Church/Leader Cell Phone _____

Preferred roommates: _____

How did you hear about CTR? Website Friends Church Advertisement Other: _____

Medical Information

We understand you are not a minor and we do not need permission to treat you. However, if you were to be injured while at camp there is information our medical staff needs to know.

Allergies to medications, food, other: _____

List medication you use, prescription and other: _____

Are there health conditions we need to know about if you're unconscious? Examples: recent heart attack or stroke, diabetes, seizures, chronic conditions, etc. _____

Doctor's name and phone #: _____

Social Security # (it is one of the first things medical personnel ask for): _____

Registration Information

The total cost of attending Illinois District Teen Camp 2012 is **\$130**. **\$100** is due with this application.

ALL FORMS ARE DUE BY MAY 1, 2012! THERE IS A \$25 FEE FOR LATE REGISTRATION AFTER MAY 13.

RETURN ALL FORMS AND PAYMENTS TO YOUR LOCAL YOUTH PASTOR.

MAKE ALL CHECKS PAYABLE TO THE ILLINOIS DISTRICT NYI.

ATTENTION YOUTH LEADERS: Please send all applications and deposit checks to JAIME TOOLEN. Prior to May 1, 2012, send final payment checks and all remaining forms to JAIME TOOLEN.

JAIME TOOLEN 500 N. Central Avenue, Roxana, IL 62084
mjmm2len@charter.net
Home: (618) 251-3921 Cell: (618) 977-4757



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