



**2020 Camping Season  
5<sup>th</sup> Grade  
(Alternate choice for those entering 6<sup>th</sup> Grade)  
July 19-25, 2020**

Name \_\_\_\_\_ **How associated with church?**  
(Circle all that apply: WNL Sunday School Friends Member)

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_

Parent's Names \_\_\_\_\_

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**First Time Camper:** Why do you want to attend a week of Junior Camp and what do you think you will learn there?

Returning Camper: What new things would you like to learn and do at Junior Camp this year?

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date

Put this form in the **Church Office Mailbox** or return to the **Church Office**