

JHJ Registration

Youth Name: _____

Parents Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Date of Birth: _____

Grade: _____ Gender: M F

Church Name: _____

Allergies/conditions of which to be aware:

Insurance Carrier: _____

Group #: _____

In case of illness or injury, after every reasonable effort has been made to contact the parent or guardian, I hereby authorize the camp director to sign in my stead for necessary treatment by a local physician and/or for hospital care.

Signature _____ Date _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Please send completed registration and payment to:
Junior High Jamboree
Twin Rocks Friends Camp
PO Box 6
Rockaway Beach OR 97136

Junior High Jamboree!

February 15-18, 2008



Hosted by
Twin Rocks
Friends Camp