

Rabun Aid Program 2010; June 16-20th

Please make
copies on White
paper!

YOUTH Registration - Home Church: _____

RAP is a ministry of Clayton First United Methodist Church & all other churches that unite to help

Full Name: _____ Preferred Name: _____

Age at RAP: _____ D.O.B. _____ Gender: M / F T-shirt size: S M L XL XXL

Address (Street, City, State, & Zip Code Please) _____

Phone Number: _____ Grade Promoted to : _____ Email : _____

Guardian's Name and Emergency Contact Number (above listed phone number will be used for non emergency correspondence)

1- _____

2- _____

Name and contact number of your youth leader _____

Please send your registration and check (scholarships available upon request)
to reserve your spot for RAP 2010:

CFUMC – RAP
PO Box 703-0018
Clayton, GA 30525

Early Bird - \$60 (before March 1)
Regular Price -\$70 (after March 1)

Register Early – we had an outstanding turn out last year, and we expect to reach camp's capacity this year!

HEALTH INFORMATION

Do you have any allergies?

If yes, please list and advise of the
standard care given:

Please COPY YOUR INSURANCE CARD
and place copy on this template.

REQUIRED FOR EVERYONE AT CAMP

If you have special medical conditions
please make a note of it on the back of this
form.

List all medications that you are currently taking:

Date of your last tetanus shot:

Parent / Guardian Signature

With our words and service we will RAP you in God's love.

www.claytonmethodist.com or email umcyouth@windstream.net