

# St. Stephen's Summer Camp

## 2009 Registration Form

To secure your registration, all attached **FORMS** and **PAYMENT** must be completed.

***PLEASE PRINT LEGIBLY! St. Stephen's is for young people entering 1<sup>st</sup> -12<sup>th</sup> grades.***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age-(by date of camp) \_\_\_\_\_ Sex \_\_\_\_\_ Grade-Fall 2009 \_\_\_\_\_

T-shirt size: Adult sizes: Circle one: small medium large extra large

Church

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Have you ever attended St. Stephen's Camp? If yes, what years? \_\_\_\_\_

Please check the session you would like to attend. \_\_\_\_\_ Session-I – July 12-18

\_\_\_\_\_ Session-II – July 19-25 \_\_\_\_\_ Session-III - July 26-August 1 \_\_\_\_\_ Session-IV – August 2-8

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Mother (or legal guardian): \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone # Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Fax# \_\_\_\_\_ E-mail-PLEASE PRINT: \_\_\_\_\_

Name of Father (or legal guardian) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Phone# Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Fax# \_\_\_\_\_ E-mail-PLEASE PRINT: \_\_\_\_\_

***Limited Capacity: Attendance is limited to 96 Campers per session-Please do not delay! Fees:***

***\$350.00---If received by March 31<sup>st</sup>, 2009***

***\$375.00---If received April 30, 2009***

***\$400.00---If received by May 31, 2009***

Total Fees \$ \_\_\_\_\_ Make check payable to: Greek Orthodox Metropolis of Atlanta or

Pay by Master Card/Visa Credit card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

*(If you wish to call in your Credit Card #, please call Ethel Gjerde directly: 404-271-8951)*

***Send the following forms, Stapled together please!***

\_\_\_\_\_ SSC-2009 Registration Form \_\_\_\_\_ Metropolis Waiver \_\_\_\_\_ Covenant

\_\_\_\_\_ Medical Form \_\_\_\_\_ Insurance Card Copy-Front and Back \_\_\_\_\_ Photo of student

**Clergy Recommendation Form-(give to your Parish Priest, he will mail to Metropolis)**

Mail to: Ethel Gjerde-St. Stephen's Camp

Office Use Only:

Greek Orthodox Metropolis of Atlanta

2480 Clairmont Road, NE

Atlanta, GA 30329

Check # \_\_\_\_\_

Date: \_\_\_\_\_

APP Code: \_\_\_\_\_

St. Stephen's Camp Forms may be downloaded from: [www.atlmetropolis.org](http://www.atlmetropolis.org)