

Wild Camp at Grace Farm 2018 Registration

Camper's name: _____ Age: _____

Parent/Guardian: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Medical Conditions:

List any Medications:

We understand that Wild Camp involves strenuous activities such as hiking and canoeing in a primitive setting. We accept the inherent risks including injury and death. My child has my permission to participate in Wild Camp.

Signature of Parent Guardian:

_____ date _____

Mail this form with proper payment to:

Focus Ministries, Inc.

PO Box 498

Danielsville GA, 30633

Wild Camp – \$146. Space is limited, so hurry!