

# TEEN CHILL 2019

## Registration Form

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ GENDER: M or F GRADE: \_\_\_\_\_

HOME CHURCH: Auburn Alliance Church

PARENT/GUARDIAN: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CHOOSE A WEEKEND:     ~~JANUARY 11-13~~      FEBRUARY 1-3    

CHAPERONE NAME: \_\_\_\_\_

ROOMMATE PREFERENCE(S): \_\_\_\_\_

### PAYMENT INFORMATION:

\$100/camper     \$75/chaperone     (\$50 deposit needed with registration)

CREDIT CARD:     MASTERCARD     VISA     DISCOVER

CARDHOLDER'S NAME: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ AMOUNT TO CHARGE: \_\_\_\_\_

EXP DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

*Or send a check or money order to Delta Lake (checks can be made out to DLBCC)*

\*We will also need a copy of your insurance card and a medical form (available online).



6420 Pillmore Drive, Rome, NY 13440

[www.deltalake.org](http://www.deltalake.org)

phone (315) 336-7210

fax (315) 338-0909

## Medical Information Form for Teen Chill

Camper Name: \_\_\_\_\_

Camper Address: (street) \_\_\_\_\_

(city, state, zip code) \_\_\_\_\_

Camper Date of Birth: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

Please list any food, environmental or medicine allergies:

\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

### Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Relationship to Camper: \_\_\_\_\_

***Please bring this completed form and a copy of your insurance card with you.***