Day Camp Participants

CAMP PERKINS
Lutheran Outdoor Ministries

Church Name________________________ **City** ______________________ **Year** ________

Name of Participant	Grade Entering	Gender	Registration/ Health Form	Mon.		Tues.		Wed.		Thurs.		Fri.	
Initials for Drop Off and Pick-up				In	Out	In	Out	In	Out	In	Out	In	Out