



Covecrest Hidden Lake Spot Reservation

July 2nd-7th 2017

Space is limited—first come first served

Teen's Information:

Last Name: _____

First Name: _____

Name you prefer to be called by: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Teen's Cell Phone: _____

Email: _____

Grade in 17-18: 8 9 10 11 12

School: _____

T-shirt Size (adult): S M L XL XXL

Special Dietary Needs _____

Father's Information:

Father's Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Information:

Mother's Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I, _____, parent/guardian of _____ want St. Paul to save a spot for my child on Covecrest Hidden Lake Summer Camp from July 2-7th. I understand that to reserve this spot I must pay a **\$200.00 non-refundable reservation fee**, even if for some reason my child is unable to attend, to be turned in with this form before March 12th. (If I am unable to pay the \$200.00 fee by this date I understand that I must contact the Youth Ministry office to request a deadline extension.) I also understand that **I have until May 1st** to withdraw my child from Hidden Lake, for any reason, before I am responsible to pay the remaining balance (**\$450.00**), even if for some reason my child is unable to attend the Hidden Lake Summer Camp.

Printed name

Signature

Date