

TEEN CHILL 2022

Registration Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DOB: ____/____/____ GENDER: M or F GRADE: _____

HOME CHURCH: _____

PARENT/GUARDIAN: _____

PHONE: _____ EMAIL: _____

CHOOSE A WEEKEND: JANUARY 21 – 23 MARCH 4 – 6

CHAPERONE NAME: _____

ROOMMATE PREFERENCE(S): _____

PAYMENT INFORMATION:

\$110/camper **\$80/chaperone** (\$50 deposit needed with registration)

CREDIT CARD: MASTERCARD VISA DISCOVER

CARDHOLDER'S NAME: _____

CARD NUMBER: _____ EXP DATE: _____

SECURITY CODE: _____ AMOUNT TO CHARGE: _____

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

*We also need a copy of your insurance card and a medical form.



6420 Pillmore Drive, Rome, NY 13440 www.deltalake.org
office@deltalake.org phone (315) 336-7210 fax (315) 338-0909

TEEN CHILL 2022

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.**