

ENROLLMENT FORM FOR LIBERTY CAMP

JULY 7-11, 2014 9am- noon

'PRESIDENTS OF LIBERTY'

THE 577 FOUNDATION, 577 E. FRONT ST, PERRYSBURG, OHIO

NAME OF STUDENT _____ AGE _____

ADDRESS _____

PHONE _____ SCHOOL LAST ATTENDED _____

GRADE AS OF SEPT. 2014 _____

FOOD/HEALTH ALLERGIES, _____

PARENTS' NAMES _____

PHONE _____ EMAIL _____

NAME OF EMERGENCY CONTACT _____

PHONE OF EMERGENCY CONTACT _____

PREFERRED DOCTOR _____ PHONE _____

PREFERRED HOSPITAL _____

Liberty Camp will be held from 9-12 noon with a mid-morning snack at 577 Foundation, 577 E Front St. in Perrysburg. Please be punctual in bringing your child to Camp and picking him/her up each day. The fee of \$25 (\$20 if two or more children from the same family attend) is due with the return of this registration form. Enrollment will be limited to the first 25 children who return the registration form and fee. To use a credit or debit card, please go to www.nwohiocc.com and donate fee to NWOCC. Please write "Fee Paid through PayPal" at below your signature. During the camp, we will be using the grounds of the 577 Foundation as weather permits. Please return this form to Joyce Hammer, 5306 Sandra Dr., Toledo, OH 43613. If you have any questions, contact Joyce at 419-474 -6331 libertycamp577@gmail.com. Liberty Camp is sponsored by the Northwest Ohio Conservative Coalition.

My child _____ has permission to partake in the activities of Liberty Camp 2014.
(child's name)

Should emergency care be needed, we will contact you immediately but your signature below allows us permission to arrange for transportation to the hospital you have indicated and for treatment as necessary to be performed.

Signature of parent or guardian _____

You have permission to photograph my child and allow him to be interviewed by the media during Liberty Camp
YES NO