

Community Changers-Mechanicsville Baptist Church

2364 Cashua Ferry Road Darlington, SC 29532

843-393-1029

www.mbcdarlington.com

Adult Form

T-Shirt Size

Paid Fee-\$50

Name: _____
 First Middle Last

Age: _____ Gender: M F (Circle One)

Address: _____

Church Affiliation: _____

Camper's Cell # _____

Emergency Contact Person: _____

Address: _____

Phone #: _____

Medical Information: Allergies: _____

*Prescription Medication(s): _____

Initial here if Tetanus vaccination is current: _____

Special Related Skills or Experience: _____

 Signature: _____

*Note: Medication must be in the original prescription container with label instructions.

Please provide evidence of Medical Insurance coverage. (If available)

The fee of \$50 per person covers food cost for three meals per day for five days.