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-$75

_____

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 $75 per person covers food cost for three meals per day for five days.