

Marketplace Registration Form
Ruggles Camp and Retreat Center
June 23, 24, 25, 2009

Name _____ Birth Date ___/___/___ Upcoming grade _____
Address _____ Home Phone (____) _____
_____ Work/Cell Phone (____) _____
Church Attending _____ Pastor _____

Person to notify in case of emergency _____

Relationship of person to child _____ Phone (____) _____

Person bringing child or a contact person who will be on the grounds. _____

Does your child have any medical conditions we should be aware of? Please circle: Yes No
Please list condition(s) _____

Does your child have any of the following? Circle all that apply: Asthma Poison Ivy Bee Sting
Hives Food Allergies: _____ Allergies to Drugs: _____

Note: Any child who has medications with them must have a note from his/her parent or guardian regarding what the medication is for and when it is to be taken. All medications will be kept by the camp nurse located under the shelter.

In signing this application, I certify that the information above is correct and give permission for the use of photographs for camp publicity. In the case of a medical emergency, I also give permission for medical treatment as deemed necessary.

Signature: _____ **Date Signed** _____

MUST BE SIGNED BY PARENT OR GUARDIAN

For your child to participate, we **MUST** have a signed consent form. **Registration deadline is June 10, 2009.** Fee is \$7.50. Scholarships are available upon request. Contact Registrar, Laura Poe.

T-Shirt size: (Circle One) **Child:** 2-4, 6-8, 10-12 **Youth:** 14-16 **Adult:** Small M L XL **XXL**

A signed registration form and the \$7.50 fee **MUST** be received by June 10, 2009. Make check payable to Ruggles Camp and Retreat Center. Send forms/fees to Registrar, Laura Poe.

Registrar: Laura Poe
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Dover, KY 41034-9012
606-584-7501
laura_poe1@excite.com

Coordinator: Doris Weber
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Russellville, KY 42276
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