Marketplace Registration Form Ruggles Camp June 25, 26, and 27, 2013

Name			_ Age	Grade	
M or F (circle) TAddress				d)	
Phone #s: Home		Business or Cell		/ Birth	day
Church attending			Pastor	<u></u>	
Person to notify in case of emergency if parent or guardian can't be reached					
Relationshp of this p	erson	****	Phone		
Does this child/youth have any medical condition that we should be aware of? If so list:					
Check the followi Poison Ivy Medications	ing that applie	es to applicant:	Asthma	Hives	Bee Sting
Note: any child sent with medication to be taken must have a note from the parents or guardian stating the kind of medication, what it is for and when it is to be taken. Who is the contact person from your church who will be on the grounds?					
Ipermission for treatmen	nt as deemed nec	parent/guardian ofessary. (We MUST	have a signed	d registratio	_give my on form!)
Registration from an MARKETPLACE reg *(After June 10, fee i	gistrar but mus				

MARKETPLACE Registrar:

Ms. Laura Poe 1415 Cherokee Drive Maysville, KY 41056 606-407-2021