Marketplace Registration Form
Ruggles Camp
June 23, 24, and 25, 2015

Name_____Age____ Grade_____

Male or Female (circle one) T-shirt size _____(Adult or Child)

Address_____

Phone #s: Home _____Business or Cell_____/ Birthday_____

Church attending_____Pastor_____

Person to notify in case of emergency if parent or guardian can't be reached_____

Relationship of this person_____Phone_____

Does this child/youth have any medical condition that we should be aware of? If so list:_____

Check the following that applies to applicant: Asthma___Hives___Bee Sting__
Poison Ivy_____Foods (please list)_____
Medications_____Allergies_____

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?_____

I _____parent/guardian of _____give my permission for treatment as deemed necessary**. (We MUST have a signed registration form!)**

Registration from and $8.00 fee must be turned in to the church coordinator, pastor or MARKETPLACE registrar* **but must be postmarked to the registrar by June 8, 2015.**
**(After June 8, fee is $15.00)*

MARKETPLACE Registrar:
Ms. Laura Poe Williams
215 Limestone St Apt 215
Maysville, KY 41056
606-407-2021