

## FAITHFUL SOLDIER SUMMER CAMP APPLICATION FORM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_

Facebook Username (optional): \_\_\_\_\_

Age: \_\_\_\_\_ Male / Female

Your Church's Name: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Pastor's Phone: \_\_\_\_\_

Names and phone numbers of references:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Parent or Guardian (If under 18)

Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_