



# FAITHFUL SOLDIER

## SCHOOL OF EVANGELISM

c/o Mercy Seat Christian Church  
10240 W. National Ave. Suite 129  
Milwaukee, WI 53227 ph. 262-623-2194

### Youth Summer Camp 2012

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S NUMBER: \_\_\_\_\_

ADDITIONAL EMERGENCY CONTACT NAME and NUMBER:

\_\_\_\_\_

IF under 18:

I, the parent / guardian of \_\_\_\_\_ give permission to  
my son / daughter to attend the Faithful Soldier  
Youth Camp.

\_\_\_\_\_ x  
Parent Signature

\_\_\_\_\_ x  
Print (Parent Name)