



*Please mail the registration form to New Hope Church: 15121 McKnew Rd, Burtonsville, MD 20866

NEW HOPE CHURCH 2018 CAMP SOLOMON & VBS REGISTRATION FORM

Camp Solomon: Entering Kinder-5th grade / VBS: Age 4-11 (5th grade)

▪ **PARENT INFORMATION:**

Name: _____ Contact #: _____

Address: _____
 (Street) (City) (State) (Zip)

Email: _____

▪ **STUDENT INFORMATION:**

Name	Gender	Age	Grade completed	Allergy	T-shirt size
	F / M				Y - XS S M L Ad - S M L
	F / M				Y - XS S M L Ad - S M L
	F / M				Y - XS S M L Ad - S M L

▪ **REGISTRATION OPTION (Please check one) :**

	CAMP SOLOMON (3 Weeks) only	\$350.00
	7/9/18~7/27/18 (Mon~Fri) 9am~4pm	\$300.00 Camp Tuition + \$50.00 Lunch + Free T-shirt
	VBS only	\$50.00
	7/30/18~8/3/18 (Mon~Fri) 9am~1:30pm	Lunch Fee Included + Free T-shirt
	CAMP SOLOMON & VBS (Total 4 Weeks)	\$400.00 Lunch Fee Included + Free T-shirt
		\$350.00: 2nd child / \$300.00: 3rd child

***Camp Solomon Activities (Please check one):**

Instrument - Ukulele
 Arts & Crafts
 Lego & Puzzle
 Music & Dance
 (Material Fee \$15)

***Camp Solomon Additional Fee (Please submit a separate payment):**

- **Field Trip Fee: \$75.00 The Museum of the Bible and Sight & Sound "Jesus" (Ticket and transportation)**

I entrust my son or daughter to attend this program under the supervision of the leaders during this event. I also understand that the church is not liable for any bodily injuries that might take place during this event. I also understand that if my child causes any property damage and/or bodily injury on himself, herself, or anyone else that I will be solely liable as the parent or guardian. I also consent to the Church's use of my child's image as shown in any photographs, videotapes, motion picture film, or electronic images and any audio recordings made of my child's voice including television print and internet websites. Furthermore, I consent that such photographs, films, recordings, electronic images shall be the sole property of the Church.

Parent's Signature: _____ Date: _____

Registration due by April 30

Office Use Only

Total Payment: \$ _____ (CASH or CHECK # _____) Date: _____

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