C.O.G. Centering On God

Pinecrest Campground, Fredericktown, MO
November 14-15, 2008

STUDENT APPLICATION

Postmarked by Oct 27: **Cost $45**
Between Oct 28 - Nov 3: **Cost $55**
Walk-Up Registration (If Room available): **Cost $65**

NAME:_____ DOB: ____/____/____

ADDRESS:_____
STREET CITY ZIP

PHONE:_____ GENDER: M / F SHIRT SIZE: _____

CHURCH: _____ GRADE: _____

PARENT/GUARDIAN: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

I hereby give the C.O.G. Director, MO District NYI President, Camp Staff or Sponsor permission to secure immediate medical treatment for me in the event that I am not able to make that decision due to an injury or illness. In the case of a minor, I the legal guardian give permission to the aforementioned to secure immediate medical treatment for my child in the event of an accident or illness. In either case it will be from the date November 14 to November 15, 2008.

Parent/Guardian Name (Print): _____Signature:_____

Date:_____ Notary Name & Seal:

***PLEASE NOTE: ONE PERSON PER APPLICATION.**

****Church check made payable to: *Missouri District***

*****Please send completed applications & (1) church check to:**

Jeff Roever
COG Applications
535 Hwy M
Park Hills, MO 63601
Phone: Church 573-562-2728 or Cell 636-219-3912