



# YOUNG AT HEART REGISTRATION

Monday · July 24, 2017

<p><b><i>Camper's information:</i></b></p> <p>Name: _____</p> <p>D.O.B. ____/____/____      <input type="checkbox"/> Male    <input type="checkbox"/> Female</p>
<p><b><i>Spouse's information (if applicable):</i></b></p> <p>Name: _____</p> <p>D.O.B. ____/____/____      <input type="checkbox"/> Male    <input type="checkbox"/> Female</p>
<p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone: (_____) _____</p> <p>Email: _____</p> <p>Church you are registering with: _____</p> <p>Emergency Contact Name: _____</p> <p>Emergency Contact Phone: _____</p> <p>Would you like to receive Camp Como Newsletters?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

Mail your payment of **\$30.00** per person to:  
**Camp Como, P.O. Box 36, Como, CO 80432.**  
Thank you!

Check-in: 9-10 AM – Dining Hall

### FOR OFFICE USE ONLY

<b>Payment Information</b>		
Camper payment received	\$ _____	Date Received ____/____/____
Cash _____	Check# _____	Initials _____