

Vocation Camp Registration Form

1. Please also complete the [Permission Form below](#) and mail both in as soon as possible.

Name: _____

Address: _____

City, State, Zip: _____

T-Shirt Size _____

Phone #: _____

Parish: _____

School: _____

Grade entering: _____

Date of birth: _____

Health History

1. Does your child have any health or other problems we should know about? Please explain: _____

2. Does your child take any medication? If so, what type, what is it for, when is it taken, who would you like to be responsible for its administration (your son or our staff)? _____

3. In case of an emergency, please list two or three people and phone numbers for contact:

Name: _____ Phone #'s: _____

Name: _____ Phone #'s: _____

Name: _____ Phone #'s: _____

	<u>Amount</u>	<u>Enclosed</u>
4. Registration fee:	\$80.00	_____

Please mail to: Vocation Office – 555 Colman Center Drive. - Rockford, IL, 61125.

For more information or questions contact the Vocation office:

Phone: 815-399-4300. E-mail: mail@RockVoc.org.

MAKE CHECKS PAYABLE TO: VOCATION OFFICE