

For Office Use Only
Date Rec.____
Reg. Fee Pd.___
1st Week Fee Paid ____
2nd Week Fee Paid ____
3rd Week Fee Paid ____

6657 Kimesville Road, Liberty, NC 27298 336-565-9723 - www.koppertop.org

CAMP FREESPIRIT 2023

SUMMER CAMP REGISTRATION

One-Time Non-Refundable Camp Registration Fee = \$50.00
One-Time Non-Refundable Sibling(s) Registration Fee - \$25.00
Weekly Fee: \$350.00 per camper per week
Please make checks payable to: **Kopper Top Life Learning Center**

TOTAL:

Child #1 = \$400 (1st week), \$350 (2nd and 3rd weeks).

Add'l Child(ren) = \$375 (1st week), \$350 (2nd and 3rd weeks).

Camper's Name		Date of E	Date of Birth	
Address		Sex	Male Female	
City/State		Zip Code	e	
Phone: (H)	(W)	Email:		
	FAMILY INFO	RMATION		
Mother/Guardian:		Home phor	ne:	
Employer:		Work phon	e:	
Address:				
Father/Guardian:	Home phone:			
Employer:		Work phon	e:	
Address:	City/State:			
Emergency Contacts: 1			Phone:	
2				
Physician:				
Dentist:				
Preferred Medical Center:				
Insurance Carrier:				
Allergies:	Medication/s:			
Information about my daughter/son/war	d that may assis	t staff in any way (med	lical assistance,	
characteristics, behaviors):				