



GOSPELTOPIA DAY CAMP 2026

JULY 13-17TH / 9 AM TO 2 PM
REGISTRATION AND CONSENT FORM

Child's Name: _____ Age: _____ Grade: _____

Allergies / Medical Conditions: _____

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Do you attend Church regularly? Yes No If yes, where? _____

Parental / Guardian Information

Name(s): _____ Relationship: _____

Home Phone No. _____ Cell No.: _____

Address: _____

Postal Code: _____ Email: _____

Signature _____

Emergency Contact (if different from parent/guardian)

Name(s): _____ Relationship: _____

Home Phone # _____ Cell No.: _____

