



Girls, God and Good Times Catholic Benedictine Camp

2018 Registration/Financial Aid Form
Grades 4 – 11



104 Chapel Lane, St. Joseph, MN 56374
320-363-7114 ■ lkittock@csbsju.edu

Registration for 3-G Summer Camp **Please print clearly.**

Camper First Name _____ Camper Last Name _____

Birth Date (MM/DD/YY) ____/____/____ Grade completed by camp ____

Family Address _____

City _____ State ____ Zip Code _____

Parent/Guardian Home Phone _____ - _____ - _____

Parent/Guardian Cell Phone _____ - _____ - _____

E-mail (needed for camp business transactions) _____

Roommate request:

Last Name _____ First Name _____

Please assign a roommate.

Mother/Guardian:

Mother/Guardian Last Name _____ First Name _____

Mother/Guardian Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

Father/Guardian:

Father/Guardian Last Name _____ First Name _____

Father/Guardian Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

T-Shirt Size: Youth large Adult: S M L XL This will be my _____ year attending 3-G Camp.

My daughter will be picked up at 5:30 p.m. on: June 20 July 18 by _____
Person's name here. MUST FILL IN. Signature is mandatory for registration processing.

Financial Assistance Form All information provided is strictly confidential.

Camper Name:

Last name _____ First Name _____

Address:

Street _____

City _____ State ____ Zip Code _____

Phone _____ - _____ - _____

Parent/Guardian Name:

Last Name _____ First Name _____

E-mail _____

Camper lives with: both parents one parent other (specify): _____

Number of children (under 18) in household: _____ Number of adults in household: _____

