

**REGISTRATION FORM - 2011 HHCC WORK WEEKENDS**

Mail to: Heavenly Hills Christian Camp \* P.O. Box 1628 \* Twain Harte, CA 95383-1628  
Or email to office@heavenlyhillscamp.org

Please Print

Work Weekend Attending:  March 25-27  April 1-3  April 15-17  May 27-30

Name: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
(Street or PO Box) (City) (Zip)

Contact Phone: \_\_\_\_\_  Home  Cell E-mail: \_\_\_\_\_

Church \_\_\_\_\_ Church City \_\_\_\_\_

Specialized Skills \_\_\_\_\_

I'll be arriving in time for dinner on Friday:  Yes  No

Special dietary needs: \_\_\_\_\_

Please list any allergies of which we should be aware (food, medical):  
\_\_\_\_\_

HOUSING:  Cabin  I will be bringing a tent  I will be bringing a RV

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Home  Cell  Work

Alternate Phone: \_\_\_\_\_  Home  Cell  Work

*I give my permission to Heavenly Hills Christian Camp for medical treatment to be administered in such case as deemed necessary by a trained medical professional. I accept and assume all risks associated with recreation activities, and I hereby release Heavenly Hills Christian Camp of all liability from injuries that might occur. I understand that I am responsible for providing my own insurance for any injuries that occur during camp activities. I release all photos, videos and audio recordings of myself (and family if applies) to Heavenly Hills Christian Camp for promotional purposes.*

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Additional Family Members Attending

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_