

# CampLongridge

## Group Attendance Form

Please turn this for in 30 days prior to camp

P.O. Box 220, Ridgeway, SC 29130 \* Office 803.337.2082 \* Fax 240.352.6491 \* office@camplongridge.com

Church Name \_\_\_\_\_ Camp Week \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Name of Campers	(M) Male or (F) Female	T-shirt size (YM-XXL)	Age	*Sibling Y or N	Adult Leader Y or N	Church Staff Y or N	**Roommate Request (1 per person)
1.							
2.							
3.							
4.							
5.							
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11.							
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16.							
17.							
18.							
19.							
20.							

\*Sibling Discount applies to **all** siblings attending camp

\*\*Roommate requests: Each camper may request to be with **1 friend**. We will strive to honor the requests, but cannot guarantee that we will be able to accommodate them.