

2012 Camp LOCK- IN Registration

Child's name: _____

Grade: _____ Ever been to FC Florida camp? yes no

Parent Name: _____

Address: _____

Home Phone: _____

Parent email address: _____

(Please print clearly as we will correspond through email regarding this event)

Cell Phone: _____

Lock In address: Florida College campus
119 Glen Arven Ave.
Temple terrace, Fl 33617

Date: Friday, January 13th

Time: 10 PM – 7:00 AM

•

WAIVER:

By submitting this form, I release Florida College of any liability for injury or damage that may occur during the evening's activities and allow any adult representative to secure medical assistance as needed. I also give the selected physician permission to give treatment as needed. My child agrees to abide by the rules of Florida College while visiting the campus, including the dress code.

Parent/guardian signature: _____ Date: _____

Please make payment to **Florida College Camp** and mail check or money order for \$30.00 to:

Marianne Moody
524 Nantucket Drive
Temple Terrace, FL 33617