



Church of the Brethren 2019 Workcamps Registration

Please specify the participant's role *

Jr High Participant

Workcamp Choice *

(Choose One)

Participant Information

Name *

First Name

M.I.

Last Name

Gender *

- Female
 Male

Select a Choice *

- Hispanic or Latino
 White (Not Hispanic or Latino)
 Black or African American (Not Hispanic or Latino)
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
 Asian (Not Hispanic or Latino)
 American Indian or Alaska Native (Not Hispanic or Latino)
 Two or More Races (Not Hispanic or Latino)
 I choose not to respond

Date of Birth *

Month

Day

Year

Grade Completed *

(Choose One)

Parent/Guardian Contact Info

Email *

Email Address

Confirm Email *

Confirm Email Address

All communication from the Workcamp office will be sent to the e-mail address provided above. If there is a reason you cannot receive communication via e-mail, opt out to receive paper correspondence at the mailing address provided below.

Opt out of electronic communication

Parent/Guardian Name *

First Name

Last Name

Address *

Street Address

City, State, and Zip *

City

State

Zip/Postal Code

Evening Phone *

(###) ###-####

Day Phone

(###) ###-####

Cell Phone While Traveling

(###) ###-####

As the parent/guardian of the above registrant (or the person acting on behalf of the parent/guardian), by checking the box to the left, the above registrant has permission to provide personal information required to register for a workcamp.
*

Advisor Information

All youth **must** have a registered advisor to attend a workcamp

Advisor Name *

First Name

Last Name

Advisor Email *

Email Address

[Find your home congregation code here](#)

Church Code *

##-###

T-shirt Size (Adult Sizes) *

(Choose One) ▾

Is this your first Workcamp? *

- Yes
 No

SAVE PARTICIPANT