



# Camp 4:12

# ANSWER THE CALL

**Tues. August 21 - Thurs. August 23, 2012**  
**Camp Don Bosco**

**Explore what it means to be a Catholic leader in your parish!**

- \* **Develop the gifts, talents, and tools to be a servant leader.**
- \* **Be empowered to stand up in service for Christ and His Church.**
- \* **Experience the power of being a friend and disciple of Jesus Christ.**
- \* **Have fun and build new friendships.**

**Who can participate?**

Catholic youth entering 7th - 9th grade involved in leadership within their parish communities. Individual youth may attend, but parishes and schools are encouraged to send a team of up to five. Cost per participant varies based on the number of participants from a particular parish or school.

**Registration fee per participant:**

- 1-2 youth: \$135 per participant
- 3 youth: \$110 per participant
- 4 youth: \$95 per participant
- 5 youth: \$85 per participant

*Note: Registration fee for each youth beyond 5 is \$135 per participant.*

**Registration:**

Event capacity is 100 participants, so register early! A \$25 late charge will be added to registrations received after July 30th.

**Questions?**

For additional information, please contact OYYAM at 206.382.4562 or 1.800.950.4963 or [ooyamretreats@seattlearch.org](mailto:ooyamretreats@seattlearch.org)



Mail with \$50 non-refundable deposit to:  
**Camp 4:12 Registration/OYYAM**  
710 9<sup>th</sup> Ave, Seattle, WA 98104-2017

**Deadline: Monday, July 30th, 2012**

**Participant Information**

(Print neatly and use dark pen. One form per participant, please).

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Participant email \_\_\_\_\_

Participant cell phone (\_\_\_\_) \_\_\_\_\_

F M Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade Next Fall \_\_\_\_\_

School/Parish \_\_\_\_\_

Have you previously attended Ascend? Yes  No

Special Dietary Needs: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

(Email will be used to send Packing List, Directions, etc.)

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Father's Phone (w) (\_\_\_\_) \_\_\_\_\_

Mother's Phone (w) (\_\_\_\_) \_\_\_\_\_

**FREE T-SHIRT FOR CAMP 4:12 2012**

If no size is selected, you will receive a Large T-shirt :

Small  Med  Large  X-Large

XXL

**Emergency Contact (Other Than Parent)**

Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Billing Name \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**Payment Method**

VISA  MasterCard  Discover

American Express  Check enclosed

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amt to be charged \$ \_\_\_\_\_

Name as it appears on card (please print) \_\_\_\_\_

Signature \_\_\_\_\_

(Limited Financial Assistance is available)

**Authorized Signatures**

*A Youth/Campus Minister & Parent/Guardian Signature are required for this registration to be processed.*

\_\_\_\_\_  
Youth/Campus Minister Signature

\_\_\_\_\_  
Youth/Campus Minister contact number

**Note: Youth/Campus Ministers are not expected to accompany attendees from their parish/organization.**

Your signature below indicates approval of the following: My child has permission to take part in the usual program activities and special trips. In case of emergencies, (s)he may be treated by a doctor. Should medical attention be required for my child, other than provided by camp coverage, I will pay the expenses incurred. A complete health history will accompany my child to camp. I consent for the Archdiocese of Seattle to use photos taken of my child for event promotion purposes. I also consent for the aforementioned photos to be posted on websites utilized by the Office for Youth and Young Adult Ministry, including facebook and other social networking sites.

\_\_\_\_\_  
Parent/Guardian Signature

**FOR OYYAM OFFICE USE ONLY**

Deposit Amount \_\_\_\_\_ Ck # \_\_\_\_\_ Batch \_\_\_\_\_

