

# THE MASTER'S WORKSHOP CAMP, INC.

179 Church Camp Lane Robinson, TX 76706  
 254-662-0441 www.tmwcamp.com  
 email: mastersworkshopcamp@gmail.com  
 Like us on Facebook!

## Registration Form 2021

Check Camp(s)	Date	Camp	Grade Completed in spring 2021	10% Discount If Rec'd by May 15 <sup>th</sup>	Registration Price
	JUN 27-JUL 2	LEADERS OF TOMORROW	7 <sup>TH</sup> -12 <sup>TH</sup> GRADE	\$198.00	\$220.00
	JULY 11-15	SPORTS CAMP	5 <sup>TH</sup> -9 <sup>TH</sup> GRADE	\$189.00	\$210.00
	JULY 18-23	DISCOVERERS	4 <sup>TH</sup> -6 <sup>TH</sup> GRADE	\$198.00	\$220.00
	JULY 25-28	YOUNG SEEKERS	1 <sup>ST</sup> -3 <sup>RD</sup> GRADE	\$171.00	\$190.00

Camper Check in starts at 4:30pm on the 1<sup>st</sup> day. Check out follows a Family Meal on last day - approximately 6:45pm.

At least one-half of the registration fee is due at initial registration unless prior payment arrangements have been made. Contact Program Coordinator at contact info on back of form to make payment arrangements.

\_\_\_\_ Check here to request scholarship aid that can pay up to one half of a camper's registration fee - must complete scholarship application form and submit with registration.

Camper's Name: \_\_\_\_\_  
 First Middle Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: Boy Girl  
 Month Day Year Circle one

Camper's T-shirt size - circle one: **Youth:** Small Medium Large X-Large **Adult:** Small Medium Large X-Large XX-Large

Mailing Address: \_\_\_\_\_  
 Address City State Zip Code

Contact Phone # \_\_\_\_\_ Contact Email: \_\_\_\_\_

Home Church: \_\_\_\_\_ City: \_\_\_\_\_ Denomination: \_\_\_\_\_

School Attended: \_\_\_\_\_ Grade completed Spring 2021: \_\_\_\_\_

Camper lives with: (circle one) Both Parents Mother Father Other: \_\_\_\_\_  
 (relationship to camper)

Emergency Contact Info: Parent/Guardian #1 Parent/Guardian #2 Other

Relationship to camper: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_

**Other Forms Required to be completed for each Camper's registration:**  
**Medical Form, Pick-up Authorization Form/Camper Covenant**

\*Continued on back side\*

**Photo/Video Release for Camper named on front of this Registration Form**

Please be advised that your child may be photographed and/or video taped during various events during The Master's Workshop camp sponsored activities & events.

\_\_\_\_\_ YES, I give permission for my child's photograph and/or video to be posted on our camp website and/or online facebook and other social media pages.

\_\_\_\_\_ NO, my child's photograph and/or video may not be posted on the camp website and/or online facebook and other social media pages.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTENTION CHURCHES:** If your church is paying for part or all of this camper's registration fee, please have your pastor or church officer fill out and sign the following information:

\_\_\_\_\_ will be paying for \$\_\_\_\_\_ of the registration fee  
Name of Church Amount

For the camper named on the front of this registration form.

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of pastor or church officer

**Send completed forms and payments to:**

**Donnell Smith  
Program Coordinator  
179 Church Camp Lane  
Robinson, TX 76706**

**Contact Donnell for more information on camp or payment of registrations at  
254-662-0441 or by email: [mastersworkshopcamp@gmail.com](mailto:mastersworkshopcamp@gmail.com)**

***DO NOT WRITE BELOW THIS LINE - FOR CAMP USE ONLY:***

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	<i>Amount</i>	<i>Date</i>	<i>Check #/Cash</i>
<i>Paid with Registration:</i>	\$ _____	_____	_____
<i>Additional Payment Made:</i>	\$ _____	_____	_____
<i>Paid by Church:</i>	\$ _____	_____	_____
<i>Church Name:</i>	_____		
<i>Paid by Sponsor:</i>	\$ _____	_____	_____
<i>Sponsor Name:</i>	_____		
<i>Paid by Scholarship:</i>	\$ _____	_____	_____
<b>Total Paid:</b>	\$ _____	_____	_____