

# THE MASTER'S WORKSHOP CAMP

179 Church Camp Ln  
Robinson, TX 76706

www.tmwcamp.com

254-662-0441

mastersworkshopcamp@gmail.com

## Registration Form 2024

Check Camp(s)	Date	Camp	Grade Completed in spring 2024	10% Discount If Rec'd by May 15 <sup>th</sup>	Registration Price
	July 7-11	Leaders of Tomorrow	7 <sup>th</sup> -12 <sup>th</sup> Grade	\$216.00	\$240.00
	July 14-18	Sports	4 <sup>th</sup> -8 <sup>th</sup> Grade	\$216.00	\$240.00
	July 21-25	Discoverers	4 <sup>th</sup> -6 <sup>th</sup> Grade	\$216.00	\$240.00
	Jul 28-31	Young Seekers	1 <sup>st</sup> -3 <sup>rd</sup> Grade	\$198.00	\$220.00

Camper Check In starts at 4:30pm on the 1<sup>st</sup> day. 6:00pm Program/Meal on last day. Check Out is at approx 6:45pm after meal.

A down payment can be made at initial registration with full amount due by drop off unless prior payment arrangements have been made. Contact Program Coordinator - 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 to be eligible.

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 2024: \_\_\_\_\_

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, Liability Release Form**

\*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>	<b>\$ _____</b>	_____	_____