



Camp Omega
 (507)-685-4266 · info@campomega.org · www.campomega.org
 22750 Lind Ave Waterville, MN 56096
 - Session Selection and Camper Registration -

Health Care Volunteer Session Selection

First: _____ Middle Initial: _____ Last: _____

Please indicate the session you would like to serve.

- | | | | | |
|-------------------------------------|---|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> June 8-13 | <input type="checkbox"/> June 13-15 | <input type="checkbox"/> June 15-17 | <input type="checkbox"/> June 17-22 | <input type="checkbox"/> June 22-27 |
| <input type="checkbox"/> June 24-29 | <input type="checkbox"/> June 29-July 4 | <input type="checkbox"/> July 6-11 | <input type="checkbox"/> July 11-13 | <input type="checkbox"/> July 13-18 |
| <input type="checkbox"/> July 18-20 | <input type="checkbox"/> July 20-25 | <input type="checkbox"/> July 25-27 | <input type="checkbox"/> July 27-Aug 1 | <input type="checkbox"/> Aug 1-3 |
| <input type="checkbox"/> Aug 3-8 | <input type="checkbox"/> Aug 8-10 | <input type="checkbox"/> Aug 10-15 | <input type="checkbox"/> Aug 15-17 | <input type="checkbox"/> Aug 17-22 |

Camper Registration for Health Care Volunteers

Name _____ Birth Date _____ Sex _____

Name _____ Birth Date _____ Sex _____

Name _____ Birth Date _____ Sex _____

Parent's Name(s) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ Phone: (W) _____ Phone: (C) _____

Congregation: _____ City of Congregation: _____

I want my roommates to be: (limit two)

Email Address: _____

Camp Program Name: _____

Program Age Category:

- Ages 6-8
 Ages 9-10
 Ages 11-12
 Ages 13-14
 Ages 15-18
 Family/Adult

Date: 1st Choice: _____ Date: 2nd Choice: _____