**“OPA” (Greek Language and Culture) CAMP**

**Prophet Elias Greek Orthodox Church**

**June 17th – 21st, 2024**

**10:00 am – 3:00 pm**

**REGISTRATION FORM**

**Camper 1**

**Last Name: First Name: \_\_\_\_\_\_\_\_\_\_\_**

**Grade attended year 2023-2024\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_ \_\_\_\_\_\_\_\_**

**Camper 2**

**Last Name: First Name: \_\_\_\_\_\_\_\_\_\_\_**

**Grade attended year 2023-2024\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_ \_\_\_\_\_\_\_\_**

**Camper 3**

**Last Name: First Name: \_\_\_\_\_\_\_\_\_\_\_**

**Grade attended year 2023-2024 \_\_\_\_\_\_\_\_\_\_\_Birth Date \_ \_\_\_\_\_\_\_\_**

**Home address:**

**City: State: Zip Code:**

**Parent email:**

# Mother’s name: Father’s name:

# Mother’s Day phone: Father’s Day phone:

# Mother’s cell: Father’s cell: \_\_\_\_\_

# Persons authorized to pick up child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Emergency contact\*: Relationship: Phone

**Specify any allergies:**

**Is your child on any medication? No Yes If so, please specify:**

**I request that the Greek Orthodox Community of Greater Salt Lake allow my child to register in this Camp. By authorizing such participation by the minor, I understand and assume the risk associated with his/her participation and agree not to allege or attempt to impose any liability on the Church Community in the event of any damage, injury, or loss resulting from such participation.**

**Payments: Tuition may be paid by check. Make the check payable to: OPA CAMP**

**Registration fee: $100 if received by June 2nd. After June 2nd, $120**

**Mail registration form and check to: OPA CAMP c/o 2440 Scenic Drive, Salt Lake City, UT 84109**

**SIGNATURE OF PARENT OR GUARDIAN DATE**