



Compassion Camp Registration

Please fill out one per participant. Please return to the Westminster Church Office (353 E. Pine St.) or email it to wpcwooster@gmail.com. Registration is due by July 30.

Name *

First Name

Last Name

Address *

Street Address *

City *

State / Province *

Postal / Zip Code *

Home Phone *

Please enter a valid phone number.

Cell *

Please enter a valid phone number.

Email *

example@example.com

Gender *

Male

Female

N/A

1st Emergency Contact Name *

First Name

Last Name

1st Emergency Contact Phone *

Please enter a valid phone number.

2nd Emergency Contact Name *

First Name

Last Name

2nd Emergency Contact Phone *

Please enter a valid phone number.

Needed Medical Information