

Super Summer EMERGENCY Contact Form

Return this form with your completed Super Summer Forms and check made payable to SCBO to: Super Summer, 9000 Antares Ave. Columbus, OH 43240

*** Please keep in mind that the contact person should be someone that we can contact on the day of registration and throughout the week that is not at the event. The contact person and the driver should NOT be the same. All fields are required, email should be an address regularly checked, as this is the main mode of correspondence.**

Church _____

Address _____

City _____ State _____ Zip _____

Church Phone (_____) _____

Contact Person's Name _____

Email Address _____

Home Address _____

City _____ State _____ Zip _____

Contact Phone (_____) _____ Other number (_____) _____

Summary of Registration Forms and Fees

Please **bring one check** to Super Summer for the balance due.

Super Summer Registrants	Completed Forms
Students	# _____
Family Leaders (Ratio: 1-7 students = 1 FL 8-14 students = 2 FL's, 15-21 = 3 FL's, etc.)	# _____
Total Registered on or before April 24	# _____ X \$230 = \$ _____
Total Registered between April 25 and May 25	# _____ X \$275 = \$ _____
Total Deposits	# _____ X \$100 = \$ _____ (Total registered) (Total deposit due)

BALANCE DUE UPON ARRIVAL AT SUPER SUMMER \$ _____

By signing below I acknowledge my family leaders and students have read the rules and regulations and will be accountable to abide by them.

All forms have been checked for completeness and I verify they are complete and correct.

Signature Contact Person _____ Date _____

If I am unavailable to be reached during the week of Super Summer as the contact person,

Name _____ Phone (_____) _____

has agreed to serve in this capacity.