



# ST. PHILOMENA ACADEMY ~ YOUTH CAMP (6th-12th Grade)

August 11-13, 2023

St. Alphonsus Catholic Church  
Davenport, Iowa

## REGISTRATION FORM

\*ONLINE REGISTRATION also available at [holyfamilydavenport.com](http://holyfamilydavenport.com), [stalphonsusdav.org](http://stalphonsusdav.org) & [vinumnonhabent.com](http://vinumnonhabent.com)

\*Please complete a separate form for each child\*

Make checks payable to: St. Alphonsus Catholic Church (write "Youth Camp" in the memo)

Early Bird Discount: \$20 (includes T-Shirt)  
Early Bird Deadline: June 30, 2023

Registration Fee: \$25 (includes T-Shirt)  
Registration Deadline: August 1, 2023

CHILD'S NAME: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
May we send updates/text alerts? YES or NO

ADDRESS: \_\_\_\_\_  
Street City State ZIP

FAMILY PARISH: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
(or Religious/Church Affiliation) (Parent/Guardian's Primary E-mail)

Please fill out this registration as completely as you can. All information is optional, but it will help the leadership team to know you/your child better & to fit their presentation to your needs.

BIRTH YEAR (must be at least 12 years old to attend): \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ GRADE (upcoming 2023/24 school year): \_\_\_\_\_

T-SHIRT SIZE: (circle one) Youth YS | YM | YL Adult S | M | L | XL | XXL

Religious Exposure/Experience: Please list what/if any sacraments &/or religious education your child has received either through you, your parish/church, school, camps, etc.: \_\_\_\_\_

Please list any organizations or activities your child enjoys/currently participates (team or individual sports, youth group, dance, choir, music, STEM, art, etc.): \_\_\_\_\_

Would you or another member of your family (spouse, grandparent, adult sibling, etc) like to help with planning, providing food/beverages, supervising/chaperoning this awesome weekend Youth Camp?

If so, please list your name and best way to contact you below:

Volunteers Name (1): \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please give a brief, frank idea of your expectation/hopes for this weekend experience. What do you hope it will do for your child? \_\_\_\_\_

\*\*\*Each camper will need his/her own sleeping bag/pillow. A detailed list of suggested items/bedding/toiletries will be supplied closer to the event. Will you need us to supply a sleeping bag & pillow for you? (Circle one): YES or NO

### RETURN COMPLETED FORMS & CAMP FEE\* TO:

St. Philomena Academy Youth Camp  
% Vickie Underwood, Secretary  
2618 Boies Avenue, Davenport, IA 52802