The following information is needed for: Man Camp Spring 2025 at Camp Little Light on April 6, 2025 at 3:00 PM	
First Name:	
Last Name:	
Email:	
Phone:	
Street Address:	
City:	
State:	
Zip:	
Age:	
Church Name:	
Emergency Contact Name:	
Emergency Contact phone number:	
Emergency Contact email address (for the person listed above):	
Do you have any dietary restrictions?:	
Any medical condition we should be aware of?:	
How did you hear about Man Camp?:	
Additional comments/notes:	