



# Registration Form for Summer BLAST @ Unity Church

215 Unity Center Road, Pittsburgh, PA 15239

412-793-6266

Fax 412-793-9485

## Parent/Guardian #1 Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

## Parent/Guardian #2 Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

## Emergency Contact Information (If the parent/guardian cannot be reached)

Contact #1: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Contact #2: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



## Camper #1 Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M or F  
Date of Birth: \_\_\_\_\_ Age as of June 1, 2010: \_\_\_\_\_ Grade in Fall 2010: \_\_\_\_\_  
T-shirt Size: Youth: M L Adult: S M L XL Buddy Request : \_\_\_\_\_

## Camper #2 Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M or F  
Date of Birth: \_\_\_\_\_ Age as of June 1, 2010: \_\_\_\_\_ Grade in Fall 2010: \_\_\_\_\_  
T-shirt Size: Youth: M L Adult: S M L XL Buddy Request : \_\_\_\_\_

## Camper #3 Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M or F  
Date of Birth: \_\_\_\_\_ Age as of June 1, 2010: \_\_\_\_\_ Grade in Fall 2010: \_\_\_\_\_  
T-shirt Size: Youth: M L Adult: S M L XL Buddy Request : \_\_\_\_\_

Do any of these children have food allergies? If so, whom and to what? \_\_\_\_\_

Do any of these children have any health concerns that we should be aware of before their arrival? Yes or No  
If yes, whom and what concerns? \_\_\_\_\_

Do any of these children take medications? Yes or No If so, whom and what do they take? \_\_\_\_\_

Health Insurance Information : Name of Company : \_\_\_\_\_  
Group #: \_\_\_\_\_ Member ID \_\_\_\_\_

Church your family attends: \_\_\_\_\_

**Please circle  
your choice(s)  
of Summer  
BLAST week:**

<b>Session 1: DANIEL I need to make the wise choice.</b>		<b>Session 2: Joseph I can trust God no matter what.</b>
Week 1: June 14—18		Week 1: July 12—16
Week 2: June 21—25		Week 2: July 19—23
Week 3: June 28—July 2		Week 3: July 26—30

### **Pricing:**

Scholarship Forms are available by going to the Summer BLAST page at [www.UnityCommunityChurch.org](http://www.UnityCommunityChurch.org) or by calling 412-793-6266 x 21

#### **On/Before April 15, 2010 is \$89 per child each week**

1 child for 1 week = \$89	2 children for 1 week = \$178	3 children for 1 week = \$267
1 child for 2 weeks = \$178	2 children for 2 weeks = \$356	3 children for 2 weeks = \$534

#### **After April 15, 2010 is \$99 for the first child; \$90 for each additional. If you attend multiple weeks it is \$90 per child for the additional week.**

1 child for 1 week = \$99	2 children for 1 week = \$189	3 children for 1 week = \$279
1 child for 2 weeks = \$189	2 children for 2 weeks = \$369	3 children for 2 weeks = \$549

**Please mail completed Registration Form  
along with fee to:**

Summer BLAST  
Unity Community Church  
215 Unity Center Road  
Pittsburgh, PA 15239

**For questions, please call:**

412-793-6266 x 21

**To see Summer BLAST in action, please go  
to:**

[www.UnityCommunityChurch.org](http://www.UnityCommunityChurch.org)