

# FAMILY CAMP/RENEWAL DAYS

September 19-20, 2026

## REGISTRATION FORM

**Please return form by August 2**

FAMILY NAME \_\_\_\_\_

<u>First name</u>	<u>Sex (m) (f)</u>	<u>Birth date</u>	<u>Age</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____

**ADDRESS** \_\_\_\_\_

**CITY/ZIP** \_\_\_\_\_ **PHONE** \_\_\_\_\_

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***I hereby give permission to secure emergency medical and surgical treatment for all individuals listed above while attending Family Camp, September 19-20, 2026 at Lake Williamson Christian Center, Carlinville, IL.***

\_\_\_\_\_  
**Parent or Guardian**

\_\_\_\_\_  
**Date**

# SPECIAL NEEDS

NAME \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PLEASE LIST ALLERGIES INCLUDING FOOD AND MEDICINE

NAME \_\_\_\_\_ ALLERGY \_\_\_\_\_

NAME \_\_\_\_\_ ALLERGY \_\_\_\_\_

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## AUTHORIZATION FOR PICTURES

***I hereby give my permission for pictures to be taken on the weekend of September 19-20, 2026 for sharing with friends or used for publication.***

\_\_\_\_\_  
**Parent or Guardian**

\_\_\_\_\_  
**Date**

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*Family Camp is made possible through the support of our local Knights of Columbus Councils, the Diocese of Springfield, IL, and Sacred Heart Parish.*

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**Please return completed forms by August 2, 2026**

Elaine Vonderheide  
1204 S. 4<sup>th</sup> Street  
Effingham, IL 62401  
217-821-1995

