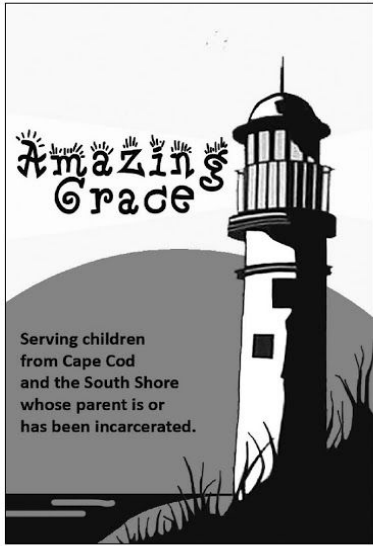


Please contact me about the application process for Amazing Grace.



Camper Name: _____ Circle M/F

Camper Birth Date: _____ Camper Grade in School Sept 2017 ____

Name/Relation of person recommending Camper: _____

Have you informed the parent/guardian? Circle: Yes/No

Parent/Guardian Name: _____ Phone Number _____

Mailing Address: _____ City/Zip: _____

Residential Address: _____ City/Zip: _____

Email Address: _____

Please return this form to: Amazing Grace of Cape Cod Inc, P O Box 636, Centerville, MA 02632