

# 2010 GOSPEL CAMP

## E-MAIL APPLICATION FORM

Please Copy this form and paste it to your e-mail. Then send it to:  
cwc@cwcnet.org. Thanks!

CHINESE NAME:

ENGLISH NAME:

SEX:

CHRISTIAN? Y / N (    )

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

E-MAIL:

SPOUSE NAME:

ENGLISH NAME:

SEX:

CHRISTIAN? Y/N (    )

CHILD'S NAME:

ENGLISH NAME:

SEX:

AGE:

CHILD'S NAME:

ENGLISH NAME:

SEX:

AGE:

CHILD'S NAME:

ENGLISH NAME:

SEX:

AGE:

TO BE A COUNSELOR Y / N? ( )

I HAVE THE BURDEN TO BE \_\_\_\_\_ (NAME)'S  
COUNSELOR.

(PLEASE INDICATE THE NUMBERS IN THE CHART BELOW)

Friday night Lodging:

Saturday Breakfast:

Saturday Lunch:

Saturday Dinner

Saturday Lodging:

Sunday Breakfast:

Sunday Lunch:

Sunday Dinner:

Sunday Lodging

Monday Breakfast:

Monday Lunch: