



GOOD WORKS SPRING/SUMMER WORK CAMP 2024 Registration Form

Primary contact name: _____

Phone: (Home) _____ (Work) _____

(Cell) _____

Email Address: _____

Church name: _____

Street address: _____

City/state/zip: _____

Please send all correspondence to () my church () my home.
If you selected home address, please provide that below:

Street address: _____

City/State/Zip: _____

Work Camp Date: (Please check one)

Apr 14 - Apr 19 n/a Sorry, Already confirmed

Jun 23 - Jun 29 n/a Sorry, Already confirmed

Jul 7 - Jul 13

Jul 14 - Jul 20 n/a Sorry, Already confirmed

Jul 28 - Aug 3

Aug 11 - Aug 17

We require a minimum of 35 campers with a ratio of one adult (age 25+) for every five students.

Number of spaces for participants under age 25 _____

Number of spaces for adult participants age 25+ _____

Please mail your completed registration form by **Friday, February 23, 2024**. A non-refundable deposit of **\$50 per person** is requested with the completed registration form.

A letter acknowledging your registration will be sent to you within a week of receiving your completed form. At that time, we will send all forms and information needed for Work Camp. The deposit amount will be deducted from the final payment amount.



Cost / Final payment

Total cost is **\$500** per person. This will be **due before 2 weeks before camp begins.**

Please email this completed registration form and **\$50** deposit to: Good Works Summer Work Camp, P.O. Box 1441, Coatesville, PA 19320

For additional information contact: office@goodworksinc.org or call 610.383.6311