



Christ the King Catholic Church

Attn: Youth Minister  
Christ the King Catholic Church  
821 S Dale Mabry Hwy  
Tampa, FL 33609

Youth Minister: Melissa Mulson  
Asst: Maggi Neil  
Office Phone: 813-873-2804  
MNeil@CTK-Tampa.org

# HIDDEN LAKE SPOT RESERVATION

## June 14-19, 2021

Space is limited – First come, First served.

### Teen's Information:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Name you prefer to be called by: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Teen's Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Grade in 21-22 school year:  6  7  8

Middle School Attending: \_\_\_\_\_

T-Shirt Size (Adult):  S  M  L  XL

Special Dietary Needs:  
\_\_\_\_\_  
\_\_\_\_\_

### Father's Information:

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address:  Same as participant's

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Mother's Information:

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address:  Same as participant's

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
want Christ the King to save a spot for my child for Camp Hidden Lake June 14-19, 2021. I understand that to reserve this spot *I must pay a **\$355.00 non-refundable reservation fee** even if for some reason my child is unable to attend*, to be turned in with this **form before February 26, 2021**. (If I am unable to pay the \$355.00 fee by this date, I understand that I must contact the Youth Ministry office to request a deadline extension.) I also understand that **I have until April 1<sup>st</sup>, 2021** to withdraw my child from Camp Hidden Lake, for any reason, before *I am responsible to pay the remaining balance (**\$355.00**), even if for some reason my child is unable to attend*.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_