



“STAND OUT”

July 20-24 10:00 AM-1:00 PM

For Ages 10-14

Cost: \$50 per person

Vasa Park Resort at Lake Sammamish
3560 W. Lake Sammamish Pkwy. SE,
Bellevue 98008

Parent/Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____

Cell Phone: _____

Your phone number from 10 am-1 pm: _____

For safety reasons, your child may be picked up by the following authorized names only:

1. _____

2. _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Emergency Contact: _____ Phone: _____

Waterworld participants will take a swim test. Are there swimming or physical concerns you have?

No _____

Yes (explain) _____

**Please mail completed registration, medical release,
 consent form and check (made out to CCE) to:**

Calvary Chapel Eastside
5130 164th Ave SE
Bellevue, WA 98006

CCE Office:
425-641-7717