

Volunteer Information 2023

Volunteer Name: _____

Emergency Contact Name & Number: _____

Do you have any allergies, dietary restrictions, or special needs? Yes No

Please tell us what we need to know. If you have dietary restrictions you can contact the office the week of Camp to request a copy of the menu to see where you may need to bring your own substitutions. Please note while we will do our best to accommodate, no guarantees are made.

God bless you for investing in the kids!!!

Complete and return this form to CAMP YUKON OFFICE - campyukon@bethanychurch.ca

91806 Alaska Highway

- Ph (867) 668-4877 - Fax (867) 633-3517

Register & pay online at www.bethanychurch.ca/Events