



Camp Registration Return Form

CHURCH NAME: _____

CHURCH ADDRESS: _____

CHURCH PHONE NUMBER: _____

CONTACT NAME & PHONE NUMBER: _____

CONTACT EMAIL: _____

WEEK REQUESTED: WEEK 1 JUNE 11-16 OR WEEK 2 JUNE 18-23

TOTAL NUMBER OF STUDENT CAMPERS: _____

TOTAL NUMBER OF ADULT LEADERS: _____

TOTAL NUMBER OF YOUTH PASTORS: _____

GRAND TOTAL OF ATTENDEES: _____

WE PROVIDE TSHIRTS FOR ALL ATTENDEES.

PLEASE INCLUDE THEIR NAMES & T-SHIRT SIZES ON THE PAGES TO FOLLOW.

AMOUNT OWED: _____ AMOUNT PAID: _____

BALANCE REMAINING: _____ CASH OR CHECK: _____

RECEIVED BY: _____ DATE: _____

OFFICE USE ONLY

[illegible][illegible][illegible]

STUDENT'S NAME

GENDER

D.O.B

TSHIRT SIZE

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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