



The United Apostolic Church of Jesus Christ, Inc.
Camp and Convention Application
June 9, 2025 – June 13, 2025
Frankfort Camp Ministries | 1058 West Freeman Street | Frankfort, Indiana 46041

One Application per Camper

Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: (____) _____ Date of Birth: _____ Gender (M/F): _____
Church Name: _____ Pastor: _____
Allergy: (Medication, Food, Insect): _____

*** EACH CAMPER MUST PROVIDE THEIR OWN BIBLE, TOILETRIES, AND BED CLOTHES (BLANKETS, SHEETS, PILLOWS)**
****\$20 will be added to tuition per camper if we do not receive your application by April 15, 2025**


Tuition & Camp T-Shirt Fee		
Ages 3-5	Ages 6-12	Ages 13+
\$95	\$105	\$115

**All children under 18 Years of age must be accompanied by a parent or responsible adult over 21 years of age.*

Lodging Fees				
Lodge (5 campers) \$120*	Shepherd Hall (5 Campers) \$120*	Ladies Retreat \$90	Group Housing \$30/Camper*	RV Space \$80
*Add \$20 for each additional camper per room	*Add \$20 for each additional camper per hallway		*Please confirm availability prior to booking	

Special Request: _____

*While we will attempt to honor each request, we do hope that all campers will be understanding as we endeavor to ensure that all are welcome and able to have a place at the UAC of JC Camp and Convention. Accommodation will be distributed based on availability.

 Color and design will vary during production	Style (Mark Box w/ X for Style)	Size (Mark Box w/ X for Size)
	<input type="checkbox"/> Short Sleeve <input type="checkbox"/> Long Sleeve	YOUTH <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large ADULT <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL <input type="checkbox"/> 5XL

General Superintendent

Bishop Joseph R. Riggs
317.496.6845

PRE-REGISTER BY:

April 15, 2025

Treasurer

Bishop Pete McGuire
403 N. Independence St.
Tipton, IN 46072
765.210.9798

PLEASE ENSURE BOTH SIDES OF THE APPLICATION ARE COMPLETE.

PRE-REGISTER BY:
April 15, 2025

Mail Pre-Registrations to the UAC of J C Treasurer as listed below
Liability Release Form & Camp Acknowledgement

In consideration for being accepted by the United Apostolic Church of Jesus Christ Inc. for participation in the United Apostolic Church of Jesus Christ Inc. Camp and Convention:

I do hereby release, forever discharge, and agree to hold harmless the United Apostolic Church of Jesus Christ, Inc., Frankfort Camp Ministries, and the directors thereof from any and all liability claims or demands for personal in just, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person participates in the above described trip or function including recreation and work activity. The undersigned further hereby agrees to hold harmless and indemnify said organization, its directors, employees, and agents for any liability sustained by said acts of said participant including expense incurred attendant thereto.

The undersigned further consents to the administration of first aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said organization, its directors, employee, and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant. *By Signing below, I also state that I will abide by all camp rules and will show a spirit of obedience and cooperation with camp and campground staff and leaders.*

Signed this _____ day of _____ 2025

Participant Name (printed): _____

Participant Signature (Parent/Legal Guardian if under 18yrs of age): _____

Emergency Information:

Participants Insurance Company: _____

Policy #: _____ Group #: _____

Policy Holder: _____

Emergency Contact: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Secondary # _____

Pastoral Approval

The above camper has shown themselves to represent the qualities expected of a UAC of JC Camper.

Pastor's Signature: _____ **Phone #:** _____

PLEASE ENSURE BOTH SIDES OF THE APPLICATION ARE COMPLETE

Mail Applications to the UAC of JC Treasurer