



2024 CHURCH REGISTRATION

Senior Camp ☐

Junior Camp ☐

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHURCH'S INSURANCE COMPANY _____

INSURANCE POLICY # _____

INSURANCE CONTACT PHONE # _____

CAMP FEES

TOTALS

Pastor		Pastor's Wife		\$160	
Staff (male)		Staff (female)		\$160	
Missionary (male)		Missionary (female)		\$160	
Counselor (male)		Counselor (female)		\$160	
Camper (male)		Camper (female)		\$160	
PreCamper (male)		PreCamper (female)		\$160	
Registration Fee		(Additional love offerings appreciated)		\$100	

Total campers qualified to participate in competitions: _____

Total number in camp: Male _____ Female _____ Total _____

Total Fees

As Pastor of the above mentioned church, I certify that a professional background check has been completed for each of the adults representing my church. I hereby authorize said adults to serve at counselors on behalf of my church. _____

Pastor's Signature

Date

LUNCH WILL BE SERVED AT 11:00 AM ON MONDAY, AND AN ALL-CAMP ORIENTATION MEETING WILL BE HELD IN THE TABERNACLE AT 11:45. PLEASE REGISTER AND PAY PRIOR TO LUNCH ON MONDAY.

FORM: BLUE