

The \$40.00 Camp Deposit and Camp Registration forms are Due by FEBRUARY 26th

\*\* Please turn in your Fund or Scholarship request forms at the same time

\*\* Bonus - Each member of our group will receive \$15 Early Registration Camp Bucks (which can be used at camp this summer for ATV's, Paintball, DVD's, snacks, etc.) if we receive their registration and deposit before February 26th!



I'm Attending:



**Jr. Youth Summer Camp for rising 6th - 8th Grade Students**

**June 11th - 16th at Camp West  
Camp Cost: \$399.00**

I'm Attending:



**Sr. Youth Summer Camp for rising 9th - 12th Grade Students**

**June 18th - 23rd at Camp South  
Camp Cost: \$379.00**

## REGISTRATION FORM

**Student Name** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**School** \_\_\_\_\_ **Current Grade** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Parent Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-mail Address (Required):** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

*My child has permission to participate in the event listed above. My permission is hereby granted to obtain medical attention deemed necessary by the Adult Leaders or medical facility. I grant permission for pictures or videos taken of my child while attending the above event to be displayed or used in future services or promotions. I will assume financial responsibility for damages caused by my child as well as any costs involved in returning early due to disciplinary or medical reasons.*

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Students signature indicates their agreeing to follow all travel guidelines. Failure to follow these guidelines may result in loss of travel privileges.*

**Students Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_