



Church Name _____

Address _____

Emergency Contact: _____
(This person must NOT be attending camp)

Camp Registrar will complete Boys Cabin Assignment _____ Girls Cabin Assignment _____

BOYS		AGE	GRADE THIS FALL	SAVED YES OR NO
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

GIRLS		AGE	GRADE THIS FALL	SAVED YES or NO
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

BOYS		AGE	GRADE THIS FALL	SAVED YES or NO
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				

GIRLS		AGE	GRADE THIS FALL	SAVED YES or NO
19				
20				
21				
22				
23				
24				
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40				

REGISTRATION SUMMARY - List the number of campers named on this form for each category listed below.

Age/Grade	Ages 0-5	K	1	2	3	4	5	6	7	8	9	10	11	12/Col	Adult
BOYS															
GIRLS															

Number of CAMPERS over 4 years old ____ x \$175.00 = (a) _____

Number of CAMPERS ages 1-4 years ____ X \$87.50 = (b) _____

TOTAL CAMPERS with your church (add lines(a) & (b)) = _____

(TOTAL FEES must pay for all campers listed on this form) ONE CHURCH NAME PER FORM