JUDSON BAPTIST RETREAT CENTER SUMMER CAMP REGISTRATION FORM

2009

CAMP NAME:		CAMP WEEK PREFERENCE	: 1°ʻ:		(Please list
	(Example: BMC, GMC I, II, III, IV, Teens In Action)	(For Girls' Missions Camps)	2 nd		three choices
CHURCH:			3 rd		in case your
ADDRESS:		SUBMITTED BY:			week is full!
CITY/ST/ZIP:		NAME:			
PHONE:	_	ADDRESS:			
ASSOC.:	_	C/ST/ZIP:		Cell Phone	
E-Mail:		PHONE:	E-	Mail:	

Please list counselor information below and put an asterisk beside his/her name. (REMINDER: Each church must provide (1) counselor for every (7) campers.

Please see JBRC Summer Camp Dates-Information 2009 sheet for deposits, rates and deadlines for discounts and late fees.

Reservations will be taken on a first-come, first served basis, We only take reservations by mail. Balance of fees will be due upon arrival at camp. Please be aware that a particular camp may fill up before the April 24th deadline! Please list your Camp Week Preference for Girls' Missions Camp in the event that your first choice is full.

Please fill in the information below for each camper. CAMPERS WILL BE PLACED IN CABINS BY <u>AGE</u> GROUP. HAVE EACH CAMPER CHOOSE ONLY ONE BUNKMATE. (Unless you have an uneven number of campers from your church.) <u>Please list bunkmates together and indicate their number</u>.

Bunk Mate#	Name	Sex	Grade	Info Sheet (Y or N)	Medical Form (Y or N)	T-Shirt Size	Horses \$19.00	Deposit	TOTAL Paid
	1.								
	2.								
	3.								
	4.								
	5.								
	6.								
	7.								
IDDO BUONE	TOTALS								

Bunk Mate #	Name	Sex	Grade	Info Sheet (Y or N)	Medical Form (Y or N)	T-Shirt Size	Horses \$19.00	Deposit	Total Paid
	8.								
	9.								
	10.								
	11.								
	12.								
	13.								
	14.								
	15.								
	16.								
	17.								
	18.								
	19.								
	20.								
	21.								
	22.								
	23.								
	24.								
	25.								
	TOTALS (INCLUDING 1 ST PAGE)								