

JUDSON BAPTIST RETREAT CENTER SUMMER CAMP REGISTRATION FORM

2012

CAMP NAME: _____ **CAMP WEEK PREFERENCE:** 1st: _____ (Please list
 (Example: BMC, GMC I, II, III, IV, Teens In Action) (For Girls' Missions Camps only) 2nd: _____ three choices
 3rd: _____ in case your
 week is full!)

CHURCH: _____ **SUBMITTED BY:** _____

ADDRESS: _____ **NAME:** _____

CITY/ST/ZIP: _____ **ADDRESS:** _____

PHONE: _____ **C/ST/ZIP:** _____ **Cell Phone** _____

ASSOC.: _____ **PHONE:** _____ **E-Mail:** _____

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 2012 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 30th 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 AGE GROUP. HAVE EACH CAMPER CHOOSE ONLY ONE BUNKMATE.** (Unless you have an uneven number of campers from your church.) **Please list bunkmates together and indicate their number.**

Bunk Mate#	Name	Sex	Grade	Info Sheet (Y or N)	Medical Form (Y or N)	T-Shirt Size	Horses \$20.00	Deposit	TOTAL Paid	
1.										
2.										
3.										
4.										
5.										
6.										
7.										
TOTALS										

Bunk Mate #	Name	Sex	Grade	Info Sheet (Y or N)	Medical Form (Y or N)	T-Shirt Size	Horses \$20.00	Deposit	Total Paid
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
TOTALS (INCLUDING 1ST PAGE)									