Church Registration Form

Please send this form in with your camper registration form

Church Name and Address:					
Pastor:	stor: Church Phone:				
Youth Director or Head Cou	unselor:				
Email Address:					
Estimation of how many ca	mpers?				
Estimation NO. 2	How many approx.?	Male_		Female	
One free counselor per 5 ca	ampers				
Please list the names of all counselors:			Cell Phone Number:		
				-	