

Mail or Fax Camp REGISTRATION



Today's date: _____

Name of Church: _____

Address: _____

_____ Zip _____

Name of Youth Leader/Contact: _____

Phone # _____ Email _____

Date attending Camp: _____

I am registering as a

PARTNERSHIP church @ \$199 per person
(Youth leader accepts responsibility at camp for a ministry assignment)

PARTICIPATING church @ \$229 per person
(Youth leader brings chaperones & students – we do the rest)

I am registering my estimated numbers by fax or mail and will be sending a church check to confirm my reservations. This qualifies me for the early bird discount. I will send my deposit check by _____.

Number of students you are registering by deposit _____

Number of adults you are registering by deposit + _____

One gender-matched chaperone is required for every 7 students registering. One chaperone for every 10 students must qualify as a Family Group Leader.

Total estimated number of adults & students = _____

(deposit per person) X \$20

Total amount of registration/deposit = \$_____

Mail to: 3616 Harden Blvd. #362
Lakeland, FL 33803

Fax to: 863.284.5684

Attention: Student Ministry Essentials