

Camp Registration Form

1. Fill Out Camper Information

Coming as an Individual OR Coming with Group

Full Name _____ M/F (circle gender)

Address _____

City _____ ST _____ Zip _____

Phone _____ Birthday ____/____/____

Email _____

Church Coming With _____

Pastor's Name _____

2. Choose a Retreat

- Ladies' Retreat
- Men's Retreat
- College & Career Retreat

3. Complete Financial Information

Enclosed Payment (see brochure or website for cost) \$ _____

Payment Method : Check Money Order Cash

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4. Fill Out Medical Information

Medical Information—Those who knowingly have contagious conditions should not attend camp. The camp provides secondary insurance only. Please contact us if you have special dietary restrictions we should be aware of. When necessary for campers with food allergies, campers can bring their own food to store in the AGBC fridge to heat up at meal times.

Specific Allergies _____

Health/Physical Limitations _____

Additional Medical Information _____

Emergency Contact Name _____

Emergency Contact Phone # _____

5. Request a Roommate

(Requests are not guaranteed.)

6. Camper Agreement

I have fully read the guidelines in the brochure and realize that I am responsible to maintain the conduct established by AGBC. I also give permission for pictures involving me to be used for camp promotional material.

Signature _____

Send this completed form to:

Amazing Grace Baptist Camp, 4214 Eisenhower Rd., Ottawa, KS 66067

**For more information: Call 785-242-4086
or check us out online at www.agbcamp.org**