MT. ZION BAPTIST CAMP REGISTRATION 2024

\$150.00 per camper

	•	•			
Check which Camp you Camp Girls Youth Boys NO WALK-IN	<u>Date of Camps</u> July 08 - 12 July 15 - 19 July 22 - 26	Camp starts 3:30 3:30 3:30 Any Camp – S	<u>Deadline</u> Friday, June 28 Friday, July 05 Friday, July 12 TRICTLY ENFOR	Completed	
Camp check-in time for		<u> </u>			
•	•	n T-Shirts! (Adult s	•		
	Circle Size: SM	MED LRG XL	XXL XXXL		
TAKE NOTICE: Campo	ers are NOT allowed	to leave & return	unless it is an emerge	ency!	
Name:		Age:	Grade Next Year:	Sex:	
Name You go by:Date of Bi					
Church you attend:					
			City / Zip:		
Street Address:					
For pictures taken durir					
i or pictures taken duni	ig carrip piease list yo	ur giriaii account			
Answer \	res or NO		Parental Permissio	n:	
Allergies or Med	dications see #6	•	Camper has my permission to swim while at		
Medication MUST be i		•	camp: Circle one: Yes No		
Only send the amount			I give my permission for my child's picture to		
If yes explain in detail	on reverse side		be taken and posted on Facebook Circle one: Yes No		
Physician:			Circle one: Yes No In case of emergency I grant permission to the		
Physician: Insurance:		nhysician	physician selected by the camp director if my		
Group or Policy #:			physician is not available to render necessary		
·		treatment	Circle one: Yes	No	
IMPORTANT Info	rmation on Back!!				
PLEASE READ: Signature REQUIRED!		Signed:	Signed:(Parent or Guardian)		
NOD 6 1 6 41 1 111 6		,_	(Falent of Guardian)		
NO Refunds after the deadline for camper's registration has past:		l recomm	Recommendation by Pastor or Group Leader I recommend this camper and verify that all		
Signed			statements on this form are true, to the best of my knowledge.		
(Parent or Guardian)		_	eage.		
		Mail Mone	y & Registration form t	o or bring to	
FOR OFFICE USE ONLY	Y		Mt. Zion Office	D.,	

Date received:

2460 Sunny Meadow Dr. Jonesboro, AR 72404