

## Baptist Youth Camp of the Ozarks 2018 Registration Form

Every person counted on this form MUST fill out a health form, NO exception

**Junior Camp**

**Senior Camp**

Church Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor: \_\_\_\_\_ Church Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Attending Head Counselor: \_\_\_\_\_ Position: \_\_\_\_\_

Cell Phone Number for Contact Person: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

	Counselors	Campers	Non-participants	Overnight Visit	Total
Male	_____	_____	_____	_____	_____
Female	_____	_____	_____	_____	_____
Total Attending	_____				

Number of overnight visitors.....	_____ X _____ Nights	X \$ 30 =	\$ _____
Number of single campers .....	_____	X \$ 130 =	\$ _____
Multiple campers in family .....	(More than two) _____	X \$ 90 =	\$ _____
Number of individual counselors.....	_____	X \$ 130 =	\$ _____
Number of husband/wife counselors .....	_____	X \$ 170 =	\$ _____
Number of children under counselor plan .....	_____	X \$ 80 =	\$ _____
Fireworks _____		=	\$ _____
Designated gifts _____		=	\$ _____
Check number: _____		TOTAL \$	_____

*As head counselor, I take responsibility for the other counselors and campers who have come with my group. We will abide by the rules and dress code of Baptist Youth Camp of the Ozarks. We will do our best to help make this camp a success in seeing the lost come to Christ and Christian young people surrender for God's service. We will be willing to serve in the volunteer areas for counselor and camper duties.*

\_\_\_\_\_  
Head Counselor Signature

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To be filled out by registrar:

Girls assigned to Dorm area \_\_\_\_\_

Boys assigned to Dorm area \_\_\_\_\_

Head Counselor Camp Location \_\_\_\_\_

(Revised 1-22-2018)