

Baptist Youth Camp of the Ozarks 2020 Registration Form

Every person counted on this form MUST fill out a health/liability release 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 \$ 35 = | \$ _____ |
| Number of single campers | _____ | X \$ 140 = | \$ _____ |
| Multiple campers in family | _____ (More than two) | X \$ 95 = | \$ _____ |
| Number of individual counselors..... | _____ | X \$ 140 = | \$ _____ |
| Number of husband/wife counselors | _____ | X \$ 180 = | \$ _____ |
| Number of children under counselor plan | _____ | X \$ 85 = | \$ _____ |
| 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

To be filled out by registrar:

Girls assigned to Dorm area _____

Boys assigned to Dorm area _____

Head Counselor Camp Location _____

(Revised 1-25-2020)