

Baptist Youth Camp of the Ozarks 2021 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 \$ 40 =	\$ _____
Number of single campers	_____	X \$ 150 =	\$ _____
Multiple campers in family	_____ (More than two)	X \$ 105 =	\$ _____
Number of individual counselors.....	_____	X \$ 150 =	\$ _____
Number of husband/wife counselors	_____	X \$ 210 =	\$ _____
Number of children under counselor plan	_____	X \$ 105 =	\$ _____
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 1-20-21)