

# Ozark Christian Camp Registration Form

## Individual Registration

**\$135 Fee Enclosed? Y N**

Full Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex: M F Shirt Size \_\_\_\_\_  
(on June 15th, 2011) (indicate adult or youth)

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Church preference \_\_\_\_\_ Have you attended a youth/family camp before? Y N

I plan on attending  all week  \_\_\_\_\_ through \_\_\_\_\_  I will be a day camper only  
Number of meals needed \_\_\_\_\_

**Please note: A parent or adult supervisor must accompany children under 12. Children under 18, not accompanied by a parent, must have a signed Parent/Guardian & Medical Release Form and return it with the registration form.**

**Attention Day Campers:** If you are not spending the night at camp and want to eat meals in the cafeteria, the cost of meals is \$7 per meal. Please check the Day Camper box in the registration box, and indicate how many meals you plan to eat with us. Please enclose a check to cover the cost of those meals.

## Family Registration

**For 2 - \$270 or 3+ \$285 Fee Enclosed? Y N**

Full Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex: M F Shirt Size \_\_\_\_\_  
(on June 15th, 2011) (indicate adult or youth)

Full Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex: M F Shirt Size \_\_\_\_\_

Full Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex: M F Shirt Size \_\_\_\_\_

Full Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex: M F Shirt Size \_\_\_\_\_

Full Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex: M F Shirt Size \_\_\_\_\_

Full Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex: M F Shirt Size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Church preference \_\_\_\_\_ Have you attended a youth/family camp before? Y N

We plan on attending  all week  \_\_\_\_\_ through \_\_\_\_\_  We will be a day camper only  
Number of meals needed \_\_\_\_\_

Please mail completed registration form and payment to:

### ADULTS ONLY

Would you be a counselor? Y N

Age Group you prefer to work with: \_\_\_\_\_

Ozark Christian Camp

P.O. Box 3425

Fayetteville, AR 72702-3425

**Registration forms must be received by June 1, 2011.**