	tration	\$215 Fee Enclosed? Choose.
Full Name:	Age DOB	Sex: Choose Shirt Size Choose one.
Address	City	ST Zip
Home Phone ()	Cell Phone ()	Email
Church preference	Have you attende	ed a youth/family camp before? Choose.
plan on attending <u>(</u>	Choose one. arrival (if not full week) through departur	e (if not full week) I will be a day camper only
		Number of meals needed
eal. Please check the Do		ant to eat meals in the cafeteria, the cost of meals is \$ate how many meals you plan to eat with us. Please eray Camper, all of your meals are covered.
eal. Please check the Do	ay Camper box in the registration box, and indica of those meals. If you are registered and not a Do	ate how many meals you plan to eat with us. Please en ay Camper, all of your meals are covered.
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ADULTS ONLY

Would you be a counselor? <u>Choose.</u>

Age Group you prefer to work with:

Please mail completed registration form and payment to:

Number of meals needed

Ozark Christian Camp P.O. Box 3425 Fayetteville, AR 72702-3425

Please send Registration Forms by June 1.