

Ozark Christian Camp Registration Form

Individual Registration

\$215 Fee Enclosed? Y N

Full Name: _____ Age ___ DOB _____ Sex: _____ Shirt Size: _____

Address _____ City _____ ST ___ Zip _____

Home Phone (____) _____ Cell Phone (____) _____ Email _____

Church preference _____ Have you attended a youth/family camp before? Choose.

I plan on attending(if not full 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 \$10 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 - \$325 or 3+ \$350 Fee Enclosed? Y N

Full Name: _____ Age ___ DOB _____ Sex: _____ Shirt Size: _____

Full Name: _____ Age ___ DOB _____ Sex: _____ Shirt Size: _____

Full Name: _____ Age ___ DOB _____ Sex: _____ Shirt Size: _____

Full Name: _____ Age ___ DOB _____ Sex: _____ Shirt Size: _____

Full Name: _____ Age ___ DOB _____ Sex: _____ Shirt Size: _____

Full Name: _____ Age ___ DOB _____ Sex: _____ Shirt Size: _____

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(if not full week) _____ through _____ I will be a day camper only

Number of meals needed: _____

ADULTS ONLY

Would you be a counselor? Y N

Age Group you prefer to work with:

Please mail completed registration form and payment to:

Ozark Christian Camp

P.O. Box 3425

Fayetteville, AR 72702-3425

Please send Registration Forms by June 1.