///////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? Y N

I plan on attending all week \_\_\_\_ . I will come \_\_\_\_\_\_ 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 $5 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 Type in first, middle, and last name here. Age       DOB       Sex: Shirt Size (on June 15th, 2013)

Full Name Type in first, middle, and last name here. Age       DOB       Sex: Shirt Size

Full Name Type in first, middle, and last name here. Age       DOB       Sex: Shirt Size

Full Name Type in first, middle, and last name here. Age       DOB       Sex: Shirt Size

Full Name Type in first, middle, and last name here. Age       DOB       Sex: Shirt Size

Full Name Type in first, middle, and last name here. Age       DOB       Sex: Shirt Size

Address Type in your full street address or PO Box City Type in your city ST       Zip

Home Phone (   )      Cell Phone (   )      Email Type in your full email address

Church preference Type in your 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 mail completed registration form and payment to:

Ozark Christian Camp

P.O. Box 3425

Fayetteville, AR 72702-3425

Please Return R**egistration by June 1**.

**ADULTS ONLY**

Would you be a counselor? Y N

Age Group you prefer to work with: