NON-CAMPER



NON-CAMPER ON CAMPUS REGISTRATION

NAME	FOR WEEK OF JULY 5-7
GENDER M F	JULY 11-15
AGE DURING CAMP BIRTHDAY/	TOTAL DUE \$80
ADDRESS	PAYMENT TYPE (CASH CHECK)
CITY STATE ZIP MOBILE PHONE ()	O S C C C C C
EMERGENCY CONTACTS	OPE
#1 NAME ()	
#2 NAME	
RELATIONSHIP	
CHURCH AFFILIATION PASTOR CHURCH NAME	
1. HAVE YOU RECEIVED THE GIFT OF THE HOLY GHOST? Y 2. HAVE YOU BEEN BAPTIZED IN JESUS' NAME? Y N	
3. HAVE YOU BEEN CONVICTED OF ANY CRIMES INVOLVING BEHAVIOR WITH CHILDREN? Y N IF YES, PLEASE EXPLAIN	INAPPROPRIATE
Please circle your T-shirt size below so we can try to have one av T-shirts are guaranteed for those who registered early online.	ailable for you.
(YOUTH XS S M L XL) (ADULT XS S M L XL 2XL 3XL 4X	XL
We ask that all guests abide by the rules and guidelines set forth by the State Board of the Louisiana District (ALJC). Understanding that the ALJC is a holiness organization, I agree to adibe by all rules and guidelines that may be found of acofla.c.om.	
SIGNATURE DATE//	