

OLLA YOUTH CAMPS 2023

PRESS.



MONITOR

MONITOR ON CAMPUS REGISTRATION

NAME _____

GENDER ☐ M ☐ F *Must be 21 or older to be a monitor

AGE DURING CAMP ____ BIRTHDAY ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MOBILE PHONE (____) ____ - ____

KNOWN MEDICAL CONDITION(S) WE SHOULD BE AWARE OF:

FOR WEEK OF

☐ JULY 4-7

☐ JULY 10-14

TOTAL DUE \$80

PAYMENT TYPE

☐ CASH ☐ CHECK

OFFICE USE

EMERGENCY CONTACTS

#1 NAME _____ (____) ____ - ____

RELATIONSHIP _____

#2 NAME _____ (____) ____ - ____

RELATIONSHIP _____

CHURCH AFFILIATION

PASTOR _____ CHURCH NAME _____

1. HAVE YOU RECEIVED THE GIFT OF THE HOLY GHOST? ☐ Y ☐ N

2. HAVE YOU BEEN BAPTIZED IN JESUS' NAME? ☐ Y ☐ N

3. HAVE YOU BEEN CONVICTED OF ANY CRIMES INVOLVING INAPPROPRIATE BEHAVIOR WITH CHILDREN? IF YES, PLEASE EXPLAIN _____

☐ Y ☐ N

PLEASE ASK YOUR PASTOR TO SIGN/APPROVE THAT YOU ARE SUITABLE AS A MONITOR

PASTOR'S SIGNATURE

Please circle your T-shirt size below so we can try to have one available for you.
T-shirts are guaranteed for those who registered early online.

☐ YOUTH XS S M L XL ☐ ADULT XS S M L XL 2XL 3XL 4XL

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 abide by all rules and guidelines that may be found at acofla.com.

SIGNATURE _____

DATE ____/____/____

Apostolic Crusaders of Louisiana
acofla.com