



RV / TRAILER REGISTRATION

Name		
Address		
City	State	Zip
Phone () - -	Emergency Contact Name	Emergency Phone () - -
Church		Pastor

Type of RV / Trailer

Plan to stay week of		# of "plugged in" nights	Amount due @ \$25/night	Payment Type
Jr. Camp []	Arriving ___/___/		\$	Check by Mail []
Sr. Camp []	Leaving ___/___/			Upon Arrival []

Additional Comments

We thank you for taking the time to be a part of our camp this year. It is an honor to have you stay in our RV park. We ask that all RV guests abide by all rules and guidelines set forth by the State Board of the Louisiana District (ALJC). Understanding that the Assemblies of the Lord Jesus Christ is a holiness organization, I agree to abide by all rules and guidelines of this camp.

_____ Date ___/___/___
Your Signature