



## Senior Youth Camp

### REGISTRATION FORM Ages 12 & up | June 10-14

Name \_\_\_\_\_

Gender M  F

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Registration	Payment type
Sr. Camp <b>\$160</b>	Upon arrival <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>

Parent/Guardian \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_

Alt. Phone  
(\_\_\_\_)-\_\_\_\_-\_\_\_\_

Emergency  
Contact Name

Emergency Phone  
(\_\_\_\_)-\_\_\_\_-\_\_\_\_

Church \_\_\_\_\_

Pastor \_\_\_\_\_

Please answer the following questions:

1. Have you received the Holy Ghost? YES  NO
2. Have you been baptized in Jesus Name? YES  NO