

2020 Bethel Bible Camp Registration

Fall Retreat Friday, Oct 16th- Sunday the 18th

Name _____ Female Age _____
first last Male

Mailing Address _____ Grade this fall _____

City _____ State _____ Zip _____ Birthdate _____

Parent(s)/Guardian(s) Name _____

Phone# _____ Phone# _____

Church you attend _____ Church city/town _____

Email Address _____

REQUIRED SIGNATURE

I give permission for pictures of my child to be used for publicity purposes. I give permission for my child to receive medical treatment in the event of an emergency.

Parent/Guardian Signature _____

If your camper must leave camp other than at closing time, please furnish us with written permission.

MAIL FORMS AND FEES TO:

Bethel Bible Camp
PO Box 40
Wellfleet, NE 69170

QUESTIONS? Go to
www.bethelbiblecamp.org
Call: 308-963-4334
camp@bethelbiblecamp.org

Registration \$ _____

Store \$ _____

Offering \$ _____

Donation \$ _____

Total Enclosed \$ _____

PLEASE PRINT THE REGISTRATION FORM ON A SEPARATE PAPER THAN THE MEDICAL FORM
FOR YOUR PRIVACY