2021 Fall Retreat BBC Camp Registration

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/video 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.

I, as camper/parent/guardian promise to abide by any rules, policies, and guidelines that are set by Bethel Bible Camp.

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