2024 Bethel Bible Camp Registration

Camp Attending: ***(circle one)***

High School	Junior High	Junior 1	Junior 2
(entering 9th-just graduated)	***(entering 6th-8th)***	***(entering 3rd-6th)***	***(entering 2nd-4th)***
June 3-8	June 10-15	June 17-22	June 25-29
(Mon-Sat)	(Mon-Sat)	(Mon-Sat)	(Tues - Sat)

Name _____ **Female** **Male** **Age** _____

first *last*

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