

# Fall Retreat BBC Camp Registration

Today's Date: \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_  
*first last*

Female

Age \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_

Male

Grade this fall \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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](http://www.bethelbiblecamp.org)  
Call: 308-963-4334  
[camp@bethelbiblecamp.org](mailto: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