

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
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