

2025 Bethel Bible Camp Registration

Camp Attending: (circle one)

High School <i>(entering 9th-just graduated)</i> June 2-7 (Mon-Sat)	Junior High <i>(entering 6th-8th)</i> June 9-14 (Mon-Sat)	Junior 1 <i>(entering 3rd-6th)</i> June 16-21 (Mon-Sat)	Junior 2 <i>(entering 2nd-4th)</i> June 24-28 (Tues - Sat)
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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