

ADULT REGISTRATION FORM (NEED 1 PER PERSON)

Name _____
 First Middle Last

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Gender for Cabin Assignments - Male Female

Church _____

I certify that I am 18 or over and coming to Camp as a chaperone, staff, or coach. I agree to pray for, help supervise, and bless these kids!
If so, circle: YES!

Please answer these questions as they apply you:

1) Do you have any medical concerns or physical limitations? ___ Yes ___ No
If YES, please explain:

2) Do you have any allergies that we should be aware of? ___ Yes ___ No
If YES, please explain:

3) Do you have any special dietary needs? ___ Yes ___ No
If YES, please explain: