

Parent/Account Info

Name _____

Address _____

City, State, Zip _____

Phone 1 (_____) _____ - _____

Phone 2 (_____) _____ - _____

Email _____



Camp/Event Selection

Event Code _____ (ex. E503)

Title/Location _____

Camper Info

Name _____

Address _____

City, State, Zip _____

Gender _____ Ethnicity _____

Date of Birth ____ / ____ / ____

Grade in Fall of 2010 _____

Home Church _____

City/State _____

Roommate Requests

#1 _____

#2 _____

Allergies _____

History of: Bedwetting, Asthma, Seizures

Tetanus Shot Date ____ / ____ / ____

What medications will camper have if any? _____

Other Medical Info that will help us best serve your camper? _____

Anyone this camper should not be released to? _____

Alternate Emerg. Contact _____

Alt. Emerg. Phone (_____) _____ - _____

Payment & Release Info

100% of the fee is due now in order to complete your registration.

Event Cost \$ _____

Charge \$ _____ to my Credit Card below *(if applicable)*

16 digit # _____

iCash Code *(if applicable)*

Credit Card Exp. ____ / ____ (mm/yy)

\$ _____ code # _____

Enclosed Check for \$ _____ *(if applicable)*

In an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission for my child to be treated by a physician selected by the camp and/or to receive general pain medication or over the counter allergy medication at the discretion of the first aid staff. I understand that failing to disclose some medical conditions may result in an inability of the camps to serve my camper/family. Also, I understand that pictures/video may be taken of my child at camp and used for publicity purposes by Impact 2818 Outdoor Ministries.

Parent Signature _____ Date ____ / ____ / ____

Save time and sign up for camp online using our secure registration forms...

www.beacamper.com

complete and mail with payment to:
Camp Registrar, 301 Pennsylvania Pkwy,
Suite 300. Indianapolis. IN 46280