

**GASCONADE VALLEY BAPTIST ASSOCIATION
2016 YOUTH CAMP REGISTRATION FORM**

Please mail to Gasconade Valley Baptist Association, 4300 Highway B. Bland 65014
Phone: (573)646-3454, e-mail: p.w.rector@gmail.com, www.gasconadevalleybaptist.org

Camp Dates: July 16th (Sun.) – July 21^h (Friday.)

This camp is for boy and girls who have completed 6^h-12th grades

CAMPER INFORMATION

Name: _____

Street and Mailing Address: _____

City: _____ Zip Code: _____

Camper E-mail: _____ Home Phone: _____

Cell Phone: _____ Church Attend: _____

Grade Completed: _____ Date of Birth: _____

T-Shirt Size (circle): S M L XL

General Info (circle): Male Female Returning Camper First Time at camp

GUARDIAN INFORMATION

I _____ am the parent or legal guardian of _____

and I am informed of the activities offered by the Gasconade Valley Baptist Association Youth Summer Camp beginning July 16, 2017 and ending July 21, 2017. As the parent/guardian of my child, I hereby give consent for my child to participate in all of the activities provided by this camp.

Signature of Parent/Guardian: _____ Date: _____

Additional information: my child is **EXCLUDED** from the following activities (list below):

List of person(s) who have permission to pick up my child from camp (list below with contact number):

PAYMENT INFORMATION

- **Regular Registration Fee (June 1st – July 6th) - \$65**
 - *Campers must register on-line at www.gasconadevalleybaptist.org between the above dates. **Campers who register after July 7th run the risk of not receiving a t-shirt for camp.** Campers must bring a hard copy of the registration & medical release form with them to camp along with their registration fee.*
- **Day-of Registration Fee (July 16th) - \$75**

Make checks payable to: Gasconade Valley Baptist Association