

**GASCONADE VALLEY BAPTIST ASSOCIATION
2018 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 8th (Sun.) – July 13th (Friday.)

This camp is for boy and girls who have completed 6th -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 8, 2018 and ending July 13, 2018. 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 (May 27th – June 24th) - \$65**
 - *Campers must register on-line at www.gasconadevalleybaptist.org between the above dates. **Campers who register after June 24th 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 8th) - \$75**

Make checks payable to: Gasconade Valley Baptist Association