

2024 SUGARLOAF CHRISTIAN CAMP REGISTRATION

Payment: Camper Church

PLEASE PRINT

Camper Name: _____ Phone: _____

Address: _____ City _____ Zip _____

Email: _____

Grade in school this fall _____ Age _____ Date of Birth ____ / ____ / ____

Circle The Week of Camp you will be attending:

Senior High Grades 9-12 Intermediate Grades 5-6 Cookie Cruncher Grades 1-2

Junior High Grades 7-8 Wilderness Grades 7-12 Junior Grades 3-4

Have you been baptized? Yes No Attend Camp before? Yes No

Church you attend _____ Minister _____

The applicant named above has my permission to attend camp and is physically able to participate in the recreational program. I will not hold Sugarloaf Christian Camp, or any person in leadership of the camp, responsible for any illness or accident which may happen to the camper named above.

We reserve the right to search any and all luggage.

State any ailments, allergies, or restrictions here: _____

Medications brought to camp: _____

The Camp has my permission to give medication or hospitalize if any sickness or Emergency arises.

Signature of Parent or Guardian:

PRINT: _____ EMAIL: _____

X _____ PHONE: _____

TUITION FEE is \$100.00 per week, except Cookie Crunchers which is \$50.00 * Tuition Fee is Non-Refundable

LIST PERSON OR PERSON'S THAT CAN PICK UP CAMPER DURING WEEK OR A THE END OF WEEK.

