

2026 SUGARLOAF CHRISTIAN CAMP REGISTRATION

Payment: Camper Church

****PLEASE PRINT****

Camper Name: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____

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 9-1st year of College

Junior Grades 3-4 Wilderness Grades 5-8

Have you been baptized? Yes No **Attended Camp before?** Yes No

Church you attend _____ **Minister** _____

State any ailments, allergies, or restrictions here: _____

Medications brought to camp: _____

Signature of Parent or Guardian:

PRINT: _____ EMAIL: _____

X _____ PARENT'S PHONE: _____

* Tuition Fee is Non-Refundable