

**SUGARLOAF CHRISTIAN CAMP REGISTRATION CARD  
FRONT**

Name \_\_\_\_\_ Phone \_\_\_\_\_ YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

GRADE IN SCHOOL THIS FALL \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_.

CIRCLE NAME OF WEEK ATTENDING CAMP: SENIOR HIGH JUNIOR JUNIOR HIGH WILDERNESS  
INTERMEDIATE COOKIE CRUNCHERS PREACHER BOY

HAVE YOU BEEN IMMERSERED ? Yes NO ATTENDED CAMP BEFORE? YES NO

CHURCH \_\_\_\_\_ MINISTER \_\_\_\_\_.

**BACK**

**THIS SIDE MUST BE FILLED OUT AND SIGNED BY PARENT or GUARDIAN.**  
The applicant named on the front side of this card 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 persons in leadership of the Camp responsible for any illness or accident which may occur to the camper named on the front side of this card. WE RESERVE THE RIGHT TO SEARCH ANY AND ALL LUGGAGE!  
TUITION FEE NON REFUNDABLE.

STATE any ailments or restrictions, Drug or Food allergies here \_\_\_\_\_

The Camp has my permission to give medication or hospitalize if any sickness or emergency should occur.

SIGNATURE of PARENT or LEGAL GUARDIAN \_\_\_\_\_