

# Youth Leadership Camp - Registration Form

Held at Shepherd of the Ozarks

*Hosted by the Recreation Excellence Collaborative*

August 3-7, 2025

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*Please send completed form to Dan Windmiller at  
dwindmiller@blackmountainhome.org*

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Checks need to be made out to "Shepherd Ministries."  
Cost is \$250 per person attending (students and staff).

Mail to SOTO Camp c/o Kari Davis PO Box 10 Harriet, AR 72639	Registration and payment due by July 15th, 2025	Changes can be made, but no cancellations or refunds after July 15th, 2025.
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If you have any questions or need more information, contact Dan Windmiller  
828-216-5097 or [dwindmiller@blackmountainhome.org](mailto:dwindmiller@blackmountainhome.org)

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Agency/Organization:		
Address:		
City:	State:	Zip:
Staff point person attending:		
Staff email:	Staff phone:	

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By signing, I agree to review the camp expectations with everyone in my group and hold them accountable to these expectations.

Staff signature:

On the next page, list all participants attending with your group,  
including staff, volunteers, and students.  
You may duplicate the form as needed.

List all participants attending with your group, including adults.

<b>1</b>	Name	Age	Male/Female	Staff Recommending Student	Shirt Size
Medications, Allergies, or Special Information:					
<b>2</b>	Name	Age	Male/Female	Staff Recommending Student	Shirt Size
Medications, Allergies, or Special Information:					
<b>3</b>	Name	Age	Male/Female	Staff Recommending Student	Shirt Size
Medications, Allergies, or Special Information:					
<b>4</b>	Name	Age	Male/Female	Staff Recommending Student	Shirt Size
Medications, Allergies, or Special Information:					
<b>5</b>	Name	Age	Male/Female	Staff Recommending Student	Shirt Size
Medications, Allergies, or Special Information:					
<b>6</b>	Name	Age	Male/Female	Staff Recommending Student	Shirt Size
Medications, Allergies, or Special Information:					
<b>7</b>	Name	Age	Male/Female	Staff Recommending Student	Shirt Size
Medications, Allergies, or Special Information:					
<b>8</b>	Name	Age	Male/Female	Staff Recommending Student	Shirt Size
Medications, Allergies, or Special Information:					
<b>9</b>	Name	Age	Male/Female	Staff Recommending Student	Shirt Size
Medications, Allergies, or Special Information:					
<b>10</b>	Name	Age	Male/Female	Staff Recommending Student	Shirt Size
Medications, Allergies, or Special Information:					