

**Family Camp 2011 Registration Form** (Please complete a form for each camper)

Name

_____		_____	_____
	LAST	FIRST	Middle Name or MI
Male	Female	Date of Birth	Age
_____	_____	_____	_____

Address

_____		_____	_____	_____	_____
	Number	Street	City	State	Zip
Phone	E-Mail		_____		
_____	_____		_____		

Parents Name (If under 18) \_\_\_\_\_

Parents Add (If under 18) \_\_\_\_\_

Parents Phone/E-mail (If under 18) \_\_\_\_\_

Emergency \_\_\_\_\_  
Name Phone

Church \_\_\_\_\_

Pastor \_\_\_\_\_

Signature: \_\_\_\_\_

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Emergency \_\_\_\_\_  
Name Phone

Church \_\_\_\_\_

Pastor \_\_\_\_\_

Signature: \_\_\_\_\_

**Send registration forms & camp fees to:**

Bethel Missionary Baptist Church  
Family Camp 2009  
5140 Carr St  
Arvada, CO 80002