

Camp Registration For 2018 GCBA Camps

Church _____

Boys _____ (Grades 4-7)

Youth _____ (Grades 7-12)

Girls _____ (Grades 4-7)

Please complete a separate camp registration form and submit a separate church check for each camp.

Name (Camper)	Online	Grade Entering	Phone	THIS SECTION TO BE COMPLETED BY ASSOCIATIONAL OFFICE				
				Reg. Form	Health	Amt. Pd.	Cash/Check	Initials
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Name (CABIN LEADER/STAFF)	Online	Phone	THIS SECTION TO BE COMPLETED BY ASSOCIATIONAL OFFICE				
			Reg Form	Health	Amt. Paid	Cash/Check	Initials
1.							
2.							
3.							
4.							

Person submitting information: _____ Phone No. _____

Email: _____ Date received in Associational Office _____ Time: _____

**ATTENTION: Turn in to Greene County Baptist Association, 834 W Battlefield, Springfield, MO 65807
with signed individual registration and health forms.**