

Treasure Mountain Bible Camp

213 E. Park Street

Marble, CO 81623

Phone/Fax 970-963-1798

www.treasuremountainbiblecamp.org

- A **\$50.00** non-refundable deposit must accompany this form and be postmarked in a timely fashion to be deemed valid for possible discount pricing.
Note: F.L.A.G.S. Camp deposit is **\$100.00**
- Please plan to arrive no earlier than one hour before your camp begins and plan to depart no later than one hour after camp ends.
- All of the camps are on a first come first served basis. Therefore, to secure an early booking please send in this form filled out for the appropriate camp(s), along with the registration fee A.S.A.P.

YOUTH CAMPS REGISTRATION FORM

Camp Fee \$210.00 \$50 registration is due by April 15, 2019

(Please Check Camp)

- | | | |
|--|-------------------------|-------------------------|
| <input type="checkbox"/> F.L.A.G.S | 16-19 Year Olds | June 17-28, 2019 |
| <input type="checkbox"/> Combo Camp #1 | Grades 4-12 | June 24-28, 2019 |
| <input type="checkbox"/> Combo Camp #2 | Grades 4-12 | July 8-12, 2019 |
| <input type="checkbox"/> Scooter Camp | Ages 3-3rd grade | July 12-13, 2019 |
| <input type="checkbox"/> Combo Camp #3 | Grades 4-12 | July 15-19, 2019 |
| <input type="checkbox"/> Combo Camp #4 | Grades 4-12 | July 22-26, 2019 |

Date _____

Date of birth _____ Age ____ Grade in September ____ M ____ F ____ Sponsor ____

Name _____

Address _____ City _____ State ____ Zip _____

Home Phone (____) _____ Cell _____ e-mail _____

Father/Mother's Name _____ Phone(____) _____ Cell _____

Parent's Employer _____ Address _____ City _____

State _____ Zip _____ Phone # (____) _____ - _____

Home Church _____

Pastor _____ Phone _____ Address _____ C

ity _____ State _____ Zip _____

I hereby give permission for my child to **attend & participate in all** of Treasure Mountain Bible Camp's activities on /off the camp property with the exception of _____ & absolve Treasure Mountain Bible Camp from liability to me or my child(s) because of an injury received while attending camp at Treasure Mountain Bible Camp. In case of any accident or serious illness, I hereby authorize Treasure Mountain Bible Camp to call upon a physician of their choice and to follow his instructions. If emergency treatment or hospitalization is required, I request Treasure Mountain Bible Camp to notify me. I also understand, if my child is sent home for any reason there is NO refund. I also understand that my campers picture or testimony may be used in promotional of the camp.

Signature of Parents or Guardian _____

Date _____

Contact person in case of emergency

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone:(____) _____ Cell _____

Authorized person(s) to pick camper:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ Cell:(____) _____

Unauthorized person(s) to pick camper:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____ Cell:(____) _____