



*A Place Where Friends, Fun,  
and Faith are Found*

### Camper Registration

Office Use only:	
Camp Dates	
50% Deposit Rcvd	
Full Payment Rcvd	
Initials	

Camper \_\_\_\_\_  
Last First MI

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_ @ \_\_\_\_\_

Grade entering in fall: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Previously at \_\_\_\_\_  
Camp Jabez?

Parent or Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Home Church: \_\_\_\_\_ City: \_\_\_\_\_

Church/Group Leader: \_\_\_\_\_ E-Mail: \_\_\_\_\_

In Case of **Emergency** and Parent cannot be reached, please notify:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell : \_\_\_\_\_

**Please tell us which week you would like to attend:**

**First Choice:** \_\_\_\_\_ **Second Choice:** \_\_\_\_\_

If I am unable to pick up my child, I give permission to \_\_\_\_\_  
To pick-up my child.

\_\_\_\_\_  
Signature of Legally Responsible Parent or Legal Guardian Date

This registration form must be completed and submitted to the address below with 50% deposit to reserve a space at camp, a packet of additional forms will be sent electronically (e-mail) once registration is accepted. All other forms must be completed and submitted with final payment as soon as possible or 14 days before the start of camp. This may include: registration, general liability, horse liability, medical release, photo release, etc.

KENNETH P. CLARKSTON  
Chaplain, Executive Director

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