

Pinecrest Bible Camp

Family Camp – Registration Form

Last Name: _____

Parents Names: _____

Address: _____

City: _____

Email Address: _____

Church Affiliation (if any): _____

Children

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Accommodations: Cabin: _____ Trailer: _____

Check which camp you'd like to attend:

Family Camp 1 (July 13-16, Thurs-Sun)

Family Camp 2 (Aug 4-7, Fri-Mon)

How did you hear about camp? _____

Allergies or dietary restrictions:

I undertake and agree to indemnify and hold blameless the Ministry Staff, Pinecrest Baptist Bible Camp and its Camp Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Pinecrest Baptist Bible Camp as well as of any medical treatment authorized by the supervising individuals representing the camp. This consent and authorization is effective only when participating in or travelling to events of Pinecrest Baptist Bible Camp.

_____ (Adult Signature)