

Mission Adventure Camp Church Registration Form

June 11-15, 2018

Please mail completed form and payment to:

State Convention of Baptists in Ohio ~ 9000 Antares Ave. ~ Columbus, OH 43240

Registration Deadline: **Postmarked on or before May 19th (\$150 per person)** May 20-May 31st (\$160 per person)

Church Name _____ Phone _____
 State Address _____
 City/State/Zip _____
 Pastor's Name _____ Association _____
 Contact Person _____ Phone _____ Email _____

Total number of campers _____

Total number of chaperones (requirement is 1 for every 1-7 boys/girls) _____

Total number registered x **\$30.00** per person deposit \$ _____

Total amount enclosed \$ _____

Add a \$74 charge per person for NON-SBC affiliated groups

Deposit is non-refundable after May 31st, 2018, but may be transferred to a substitute camper for this event.

Please remember to complete a medical form (front and back) for each camper. No camper will be permitted to stay at Seneca Lake Baptist Assembly without a completed medical form. Check box on back if child is not able to go offsite for Mission Project.

PLEASE PRINT OR TYPE NAMES. (Grade indicates grade completed during the 2017-2018 school year.)

T-shirt Sizes - **Adult** AS, AM, AL, AXL, A2XL, A3XL or **Youth** YS, YM, YL, YXL

Females Only

CHAPERONE NAME: (1 adult for every 7 campers)	1 st TIME CHAPERONE Y or N	t-shirt size
CAMPER NAMES:	GRADE	t-shirt size
1		
2		
3		
4		
5		
6		
7		

Males Only

CHAPERONE NAME: (1 adult for every 7 campers)	1 st TIME CHAPERONE? Y or N	t-shirt size
CAMPER NAMES:	GRADE	t-shirt size
1		
2		
3		
4		
5		
6		
7		

CHAPERONE NAME: (1 adult for every 7 campers)	1 st TIME CHAPERONE ?	t-shirt size
CAMPER NAMES:	GRADE	t-shirt size
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CAMPER NAMES:	GRADE	t-shirt size
1		
2		
3		
4		
5		
6		
7		

Duplicate as needed for more campers