

RMBC TEEN ADVANCE Individual Registration Form

Complete a separate form for each participant.

Camper Name _____

Parent/Guardian Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Email _____

Social Networking Site _____

Church Name _____

Church Address _____

Camper Birthdate _____ o Male o Female

How did you hear about camp? _____

Previously at Camp? _____

One cabin/tipi-mate request _____

Important! Your name must be on his/her form too.

T-shirt size: Youth oM oL Adult oS oM oL oXL

PAYMENT INFORMATION:

Camp Fee: \$85

Deposit: - \$25 Due w/ Registration form*

Balance: = _____

**Deposit is subtracted from camp fee and is non-refundable and non-transferable unless there is no room in the program.*

Make checks payable to Rock Mountain Bible Camp.

Please allow 2-3 weeks for confirmation.

Camp information & Medical Release will accompany confirmation packet.

RETURN FORM TO:

Rock Mtn. Bible Camp

PO Box 64, S. Gibson, PA 18842

800-458-8260

Office Use Only Date Rc'd _____ Balance _____