

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-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: \$92

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 via email.

Each camper must submit a Consent/Medical Form at Check-in.

RETURN FORM TO:

Rock Mtn. Bible Camp

PO Box 64, S. Gibson, PA 18842

800-458-8260

Office Use Only Date Rc'd _____ Balance _____