

BIBLE CAMP

Emergency Contact *(Please Print)*

Camper's Name: _____ Date of Birth: _____ / _____ / _____
month day year

Address: _____

City: _____ State: _____ ZIP Code: _____

Health Insurance Carrier: _____

ID Number: _____

Parent/Guardian Name: _____

If parent/guardian is not available, in the event of an emergency, please contact:

CONTACT ONE

Name: _____ Relationship: _____

Work Number: _____ Home Number: _____

Cell Number: _____ Email: _____

CONTACT TWO

Name: _____ Relationship: _____

Work Number: _____ Home Number: _____

Cell Number: _____ Email: _____

Please note that camper attendance will be denied if all their medical forms are not completed and returned by Friday, July 6, 2018.