Clear Camp II 2017

Church Registration Form Tall Timbers Baptist Conference Center

Monday-Friday, July 10-14, 2017

Check-in is 2-5pm Monday and camp ends at approximately 11:30am on Friday.

Contact Person Mailing Address City/ST/Zip	-
Phone ()Cell ()	- -
Email	_
CHURCH	
Pastor	
Church Address	_
Church City/ST/Zip	
Pastor/Church Email	_

Early Bird Registration: \$250* by May 13, 2017
...A \$50 per person deposit required per person.

A \$20 per person credit will be applied for churches who attended a Tall Timbers' Clear Camp in 2016 if registered by May 13!

Regular Registration: \$295* after May 13, 2017
...A \$50 per person deposit required per person.

Counselor fees are the same as camper fees.

*Lee Lodge rooms available first-come-first-served basis for additional \$20 per person.

Credit cards or church checks made payable to Tall Timbers are accepted. Registrations and deposits will be received no earlier than Feb 1, 2017.

Prefer Lee Lodge

NOTE: <u>CAMP BALANCE IS DUE by or at CHECK-IN!</u>

- **DEPOSITS** are **NON-REFUNDABLE!** No money will be refunded for cancellations for any reason. (example: if deposit is paid for 40 and 37 come to camp, deposit is forfeited for those that do not come)
- Complete ALL information on registration form VERY IMPORTANT deadline for camper/counselor names/info due <u>2 weeks before camp!</u>
 For forms sent in without names: # of females ______ # of males ______ to reserve correct number of gender bed spaces.
- Each camper AND adult sponsor must submit the Tall Timbers Parental Permission to Participate and Health form with signature. Make copies of completed forms (1 for counselor and 1 for Tall Timbers' office) and bring them to camp check-in (do not mail). Counselors DO need Health Forms.

∞Groups must provide ONE (1), SAME GENDER, ADULT SPONSOR/COUNSELOR for every 8 students. Counselors must be at least 21 years old. Student groups are not allowed to attend Clear Camp alone. Adults must attend Clear Camp with your students AND STAY WITH THEM the entire week of camp. The Louisiana Baptist Convention, Clear Camp staff, or Tall Timbers does not provide adult sponsors for your group!

∞Camp is for students who have completed 7th-12th grade (6th grade is allowed if they are a regular part of your youth ministry) and their respective adult leaders. Children younger than those ages or younger children of adult sponsors/leaders are not permitted at camp. Bed space is tight. We must reserve all available space for which the camp is designed.

MORE INFORMATION ABOUT CAMP

Contact the Youth Ministry Strategy Office at the Louisiana Baptist Building at 800.622.6549/318.448.3402. Email Steve.Maltempi@LouisianaBaptists.org or Julie.Woodrum@LouisianaBaptists.org.

SEND REGISTRATIONS TO:

Tall Timbers – PO Box 258 Woodworth, LA 71485 318.445.6797 – Fax 318.445.1038 talltimbers@talltimbersbcc.org

CC#
Expiration/_ 3 digit code on back
Billing PO Box or Street number Only
Zip Amount: \$

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Church Name		
Church Name		

COUNSELOR NAME	Cell Phone	CITY/ST/ZIP	Age	GENDER	SHIRT SIZE

Shirt Sizes: AS, AM, AL, AXL, A2XL, A3XL, A4XL

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Church Name	

Camper Name	Parent Cell Phone	Gender	Grade 2016- 2017	Tee Size	Parent Name

Shirt Sizes: AS, AM, AL, AXL, A2XL, A3XL, A4XL (may duplicate this form for additional campers)

Church		Camp			
Parental Permission to Partic	•				
This form must be filled out and s			te. Counselors also	must co	omplete and sign
forms for themselves. Please do	not mail this form. Bring with you	u at registration.			
Camper or Counselor Name_			Date of Birth	/	/
AddressTelephone ()	(City/State/Zip			
Telephone ()	Age Sex	Grade Completed	This Year	Tee	shirt size
Name of Parent or Legal Guar	[.] dian				
Address					
Telephone: Home ()_					
Cell ()					
Name of camper/counselor p					
Telephone ()		Ll			
Health Insurance					
Please list two people who m	•	· •		_	ency:
Name					
Name	Kelationsnip	Pnone (_)		
General Health and Medical H	listory				
1. List any chronic or long-terr	n illness:				
2. Serious injuries or surgeries				_	
3. Known allergies:				_	
Explain reaction and indicate i	medication used or other actic	on to be taken:			
					_
Explain any physical/medical of	conditions that we should be a	ware of:			
					-
Tall Timbers does not provide	·				
campers they bring, including	, , ,			•	
they must take them. The res	·	his health form for e	each camper and i	is respo	onsible for the
care of their campers while he					
Is camper bringing medication					
Medication must be in pharm	•	name and the dosag	e instructions on	<i>it</i> . If d	osage
instructions are different, plea	ise note, and sign your name.				
Restrictions: Does camper ha	ve any activity restrictions? Y	es No			
If yes, please specify:					
				_	
List up to 4 people who are a	uthorized by the parent/guard	dian to check out a d	camper from Tall	Timbe	rs:
Parent/Guardian Signature: _					

Signatures authorize Tall Timbers to use photographs, films, and/or voice recording whether by audio, videotape, or other images of my child (participant) for the purpose of and use in promotional material, website, video, podcasts, and publications. Parents/Guardians understand that they will not receive any payment or other remuneration for this authorization.