

GENERAL INFORMATION

CAMP WEEK: Each week of camp begins with check in from 1 - 4 pm on Monday and check out on Saturday at 9 a.m. Please pickup campers at that time.

COST: Please check our website for current prices and dates. www.twinpeaksbiblecamp.com

FAMILY RATES: We have family rates for families with multiple children. Please see the website for more information.

WHAT TO BRING: Bible, notebook, pencil, towels, soap, sleeping bag or blankets, sheets, pillow, jacket, sweater, recreation equipment, musical instrument.

MONEY: Bring money for registration, snack shop, crafts and offerings. All monies will be deposited in the Camp Bank, and returned at the end of the week. (please see summer brochure and/or website for more details)

WHAT NOT TO BRING: Radios, CD or MP3 players, cell phones, any electronic devices & pocket knives.

DRESS FOR CAMP: Clothes appropriate for the occasion and modest in keeping with a Christian testimony are expected. (please see summer brochure and/or website for more details)

SUMMER CAMP REGISTRATION

Grades 3&4 Grade 5&6 Grade 7&8 Grades 9-12

Check the week you will be with us & fill out the form below.

New Camper ?

Camper's Name _____ Sex: F M

Address _____ Grade {nextFall} _____

City _____ State _____ Zip _____ B/Date _____

Phone _____ Email* _____ Age _____

*your email address WILL NOT be shared with any outside sources. Other family members attending camp?

Other camper I would like as camp buddy: _____

Yes, I agree to obey all camp rules.

**Campers Signature _____

Amount Included \$ _____ \$40.00 Minimum (*Deposit is NON-Refundable)

Parent Information:

Parent/Guardian Name: _____ Relation: _____

Address (if different from camper): _____

Email: _____ Cell #: _____

**your email address WILL NOT be shared with any outside sources.*

Sponsoring church: _____ Work # _____

Please give the name(s) of anyone who should **NOT** pick up your child from camp. Please provide current custody papers to verify.

1. _____ Relation to camper _____

2. _____ Relation to camper _____

Also please, give us the name and address of anyone you have given permission to pick up your child at camp, if you are unable to do so.

Name _____ Phone: _____

Address _____

I also authorize my child to participate in all special trips or hikes away from camp.

** Parent/Guardian Signature _____ Date _____

I do not give permission for Twin Peaks Bible Camp to use any pictures taken of my camper at camp on any promotional material or the camp website.

Please excuse my child from these physical activity during the camp week. _____

Please send this registration form back to:

Twin Peaks Bible Camp, P.O. Box 907, Grand Junction CO 81502-0907
--Health form must be submitted 2 weeks prior to camp (this includes a doctor's signature).

AP

SS \$

HF

CK#

\$

date

notes:

Office use only: