

**For office use only**

Age \_\_\_\_\_ Grade \_\_\_\_\_  
Rm \_\_\_\_\_  
Size \_\_\_\_\_  
Cost \_\_\_\_\_ Deposit \_\_\_\_\_  
Date Rec'd \_\_\_\_\_

**THE GOSPEL CAMPS**

**2019 Camp Application**

**Girls Camp July 6-13**

**Boys Camp July 20-27**

This form is fillable online

Photo

Camper's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Camper's Address \_\_\_\_\_ Phone \_\_\_\_\_ Gender: Girl Boy

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Wk \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Wk \_\_\_\_\_

E-Mail: Mother \_\_\_\_\_ Father \_\_\_\_\_

Emergency Phone Name(s) \_\_\_\_\_ Number(s) \_\_\_\_\_

Camper's Age at Camp Time \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Completed by June \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

**T-shirt Size Check one** YS (sz. 6-8) YM (sz. 10-12) YL (sz. 14-16) AS AM AL AXL AXXL

Camper Wishes to Room With \_\_\_\_\_ From(city) \_\_\_\_\_

*Please Note: Each camper is permitted to choose **one** roommate of the **same age or school grade**. Please see that campers give each other's name so there is no confusion at registration.*

Camper's Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Please explain if camper has any recurring illness, allergies, or emotional problems \_\_\_\_\_

Explain if camper has had a problem with bed wetting in the last year \_\_\_\_\_

Is camper on continuing medication? Please explain: \_\_\_\_\_

Does camper have medical insurance? Yes \_\_\_ No \_\_\_ If yes, please provide a copy of the insurance card.

If your child is the first in your family to attend camp, please list the name of the person who referred you. \_\_\_\_\_

**A representative of the camp has my permission to seek medical assistance for my child.** \_\_\_\_\_  
Parent or Legal Guardian

In order to ensure a pleasant, profitable camping experience for your child, please write us a note on the back of this form about anything which you feel we should know about your child. In addition, please explain how you found out about our camp.

**NOTE: A \$170.00 deposit is required for each camper regardless of any discounts received. Remaining balance will be due on opening day. Campers will not be considered registered if there are any blanks on the form, if no recent picture accompanies the form, or if the \$170.00 deposit has not been received.**

**REGISTRATION DEADLINE JUNE 25, 2018**

**Forms and deposits may be mailed to 814 Sandy Lane, Ruston, LA 71270 .**

Forms may also be emailed to [Camps@thegospelinc.com](mailto:Camps@thegospelinc.com) or faxed to 318-251-1499. Payment must be made by Paypal to use these options (see our camp page at [www.thegospelinc.com](http://www.thegospelinc.com)). Deposits must be received BEFORE camper is considered registered.