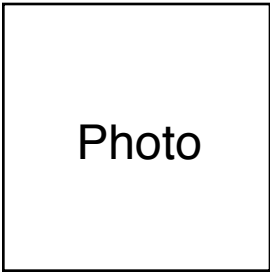


**For office use only**  
 Age \_\_\_\_\_ Grade \_\_\_\_\_  
 Rm \_\_\_\_\_  
 Size \_\_\_\_\_  
 Cost \_\_\_\_\_ Deposit \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Gender: Girl \_\_\_\_\_ Boy \_\_\_\_\_

**THE GOSPEL CAMPS**  
**2009 Camp Application**  
**Girls Camp July 11 - 18**  
**Boys Camp July 25 - Aug. 1**



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: \_\_\_\_\_

**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, or send a note as an email attachment, about anything which you feel we should know about your child.

**NOTE: Campers will not be considered registered if there are any blanks on the form, if no recent picture accompanies the form, or if the \$145.00 deposit has not been received.**

**REGISTRATION DEADLINE JUNE 26, 2009**

**Blank forms may be printed, or form may be filled out online and printed. Forms may then be mailed with deposit to 814 Sandy Lane, Ruston, LA 71270 . Forms may also be scanned and emailed as an attachment 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.**