

For office use only

Age _____ Grade _____
Rm _____
Size _____
Cost _____ Deposit _____
Date Rec'd _____

THE GOSPEL CAMPS
2022 Camp Application

Girls Camp July 2 - 9
Boys Camp July 16 - 23

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 \$175 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 \$175.00 deposit has not been received.

REGISTRATION DEADLINE: THREE WEEKS PRIOR TO OPENING DAY OF EACH CAMP.

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

Forms may also be emailed to Camps@thegospelinc.com. Payment must be made by Paypal to use this option (see our camp page at www.thegospelinc.com). Deposit must be received BEFORE camper is considered registered.