

**3RD & 4TH GRADE BIBLE RETREAT  
CAMPER REGISTRATION**

*Glen Lake Camp and Retreat Center*

**April 16-17, 2010**

**Participant's Name** \_\_\_\_\_

**Parent/Guardian Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

**City & Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Parent's Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Church Name** \_\_\_\_\_ **Church City** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Allergies/ Medicines or Restrictions (including dietary):** \_\_\_\_\_

In case of Emergency Medical Treatment, I hereby give permission to the physician selected by Glen Lake Camp & Retreat Center to secure proper treatment for my child. I also give my child permission to participate in all activities at the Bible Retreat, including being photographed.

Payment Information on reverse side.

\_\_\_\_\_  
**Parent/Guardian Signature**

**CAMPER  
Payment Information**

**Cost: \$50.00 per camper**

Cost includes lodging, Friday night snack, Saturday breakfast, and Saturday lunch.

The Camp Store will be open on Saturday afternoon. The store will offer items such as t-shirts, hats, and bags.

**If paying by check, please make payable to Glen Lake Camp.**

**If paying by credit card, please fill out the following information:**

**Type of Card (circle):**     **VISA**     **Mastercard**     **Discover**

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_