Baptist Youth Camp of the Ozarks
Registration Form

Every person counted on this form MUST fill out a health/liability release form. NO exception!

Junior Camp **Senior Camp**

Church Name:_____

Mailing Address:_____City:_____Zip:_____

Pastor:_____Church Phone: (_____)_____-_____

Attending Head Counselor:_____Position:_____

Cell Phone Number for Contact Person: (_____)_____-_____

	Counselors	Campers	Non-participants	Overnight Visit	Total
Male	_____	_____	_____	_____	_____
Female	_____	_____	_____	_____	_____

Total Attending _____

Number of overnight visitors……_____ X _____ Nights X $ 45 = $_____
Number of single campers ……. _____ X $ 165 = $_____
Multiple campers in family ……(More than two) _____ X $ 125 = $ _____
Number of individual counselors……_____ X $ 165 = $ _____
Number of husband/wife counselors …….._____ X $ 250 = $ _____
Number of children under counselor plan ……._____ X $ 125 = $ _____
Designated gifts _____ = $ _____
Check number:_____ TOTAL $_____

As head counselor, I take responsibility for the other counselors and campers who have come with my group. We will abide by the rules and dress code of Baptist Youth Camp of the Ozarks. We will do our best to help make this camp a success in seeing the lost come to Christ and Christian young people surrender for God's service. We will be willing to serve in the volunteer areas for counselor and camper duties.

_____
Head Counselor Signature

****

To be filled out by registrar:

Girls assigned to Dorm area _____

Boys assigned to Dorm area _____

Head Counselor Camp Location _____

Baptist Youth Camp of the Ozarks

Pre-Registration Form

Junior Camp

Please submit this form to the Camp Registrar as soon as possible!

Snail Mail: Star Baptist Church
21418 E. County Rd 1175
Keota, OK 74941

Email – keotastarbaptist@gmail.com

Church Name _____

Anticipated Camp Numbers:
Note: Changes in the following numbers are expected. Major changes may affect where the group will be housed.

# of Male Campers _____ # of Female Campers _____

# of Male Counselors _____ # of Female Counselors _____

# of Male Non-Participants staying in the dorms _____

# of Female Non-Participants staying in the dorms _____

Housing Preference:
Note: Housing will be distributed on a first response/first assigned basis. Efforts will be made to accommodate each Church's wishes. However, Camp Registrar will have final say as to the location where each Church group will be housed. The Camp Registrar will notify the Contact Person listed below of your Church's housing locations prior to camp. Thank you in advance for your cooperation.

Girls _____

Boys _____

Contact Person _____ Email _____

Phone # _____

Registration begins Monday morning at 9AM in the Dining Hall.

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