

Please choose the **grade** you most recently **completed**.

Children's Camp (grades 3 4 5 6 – circle one)

Camp Intern _____

Camp Staff _____

Camp Counselor _____

(request age group)

Pastor Signature of approval for Counselor application

Camp T-Shirt Size – S M L XL XXL circle one

Name: _____

Address: _____

City, State, Zip: _____

E-Mail Address: _____

Phone/Cell Number: _____

Church you Attend: _____

Special Dietary Needs: _____

Special Needs we should be aware of? _____

A non-refundable deposit of \$25.00 is due by March 1.

The cost of camp is \$120, however if payment is made in full by April 1st, then a discount of \$20.00 will be made.

Mail completed registration and medical release form to:

**Magalia Pines Baptist Church
PO Box 1821, Magalia CA 95954**

**All monies and registration forms are needed no later
than May 1st.**

NO EXCEPTIONS!!