

Please fill out for Registrar 2012 Baptist Youth Camp of the Ozarks

Circle one: **Junior Camp** **Senior Camp**

Church Name: _____ City: _____ Zip _____

Church Street Address: _____ P.O. Box _____

Pastor: _____ Ch. Phone: () _____

Attending Head Counselor: _____ Position _____

Cell Phone Number for Contact Person: _____

	Male Counselors	Women Counselors	Male Campers	Female Campers
Total Numbers:	_____	_____	_____	_____
Total Participants:	_____			

Number of single campers _____ X \$ 105 = \$ _____

Multiple campers in family (more than two) _____ X \$ 70 = \$ _____

Number of individual counselors _____ X \$ 105 = \$ _____

Number of husband/wife counselors _____ X \$140= \$ _____

Number of Children under counselor plan _____ X \$ 60= \$ _____

Fireworks _____ \$ _____

Designated gifts _____ \$ _____

TOTAL CHECK # _____ \$ _____

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 Sagmount Baptist Youth Camps. 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 _____