

2019 Kids Camp Group Registration Form

Name of Church: _____

Address: _____

Children's Pastor: _____ Senior Pastor: _____

Primary Contact: _____ Preferred Method: _____ phone _____ email _____

Phone: _____ Email: _____

Circle One: Camp #1 Camp #2 Camp #3
 June 24-27 July 6-9 July 10-13

\$155 if complete registration is received by April 1, 2019

\$165 if complete registration is received by May 1, 2019

\$175 if complete registration is received after May 1, 2019

*****\$100 per student deposit is due upon registration. The price of camp is determined when the application and the deposit have both been received. If we have only received the deposit, the final price will not be determined until we receive the application. *No exceptions* Registration deposit is non-refundable and non-transferable beginning 2 weeks before camp. *****

Volunteer Applications are due by May 1. Must be 18 years old to volunteer.

| | | | | | |
|-------|------------------|-------|---|-------|--------------|
| _____ | (# Registered) x | \$155 | = | _____ | By 4/1/19 |
| _____ | (# Registered) x | \$165 | = | _____ | By 5/1/19 |
| _____ | (# Registered) x | \$175 | = | _____ | After 5/1/19 |

Deposit amount for each student you are paying today (\$100 minimum) \$ _____

Pre-Order Shirts

| | | | | | |
|--------------|----------|----------|-----------|------------|--|
| Youth S: | Youth M: | Youth L: | | | |
| Adult S: | Adult M: | Adult L: | Adult XL: | Adult XXL: | |
| Total Shirts | x | \$15 | = | _____ | |

| |
|------------------------------|
| <u>Total Amount Enclosed</u> |
| Check: |
| Cash: |
| Grand Total: |

Mail To: Kids Camp
 14237 East Sam Houston Parkway Suite 200-314
 Houston, TX 77044

Make checks payable to STXAG.

Email Shae stxkids@gmail.com with any question

I have read and agree with the information on this form and all other forms regarding registration for Kids Camp 2019. I will inform, enforce, and comply all guidelines as well as the South Texas District Assemblies of God, Church Ministries Staff, and Camp Staff.

_____ (signature) _____ (date)