

# BIAC - OUTDOOR EDUCATION CENTER SUMMER CAMP REGISTRATION

EMAIL COPY OF REGISTRATION FORM TO: [tjohns@biacky.org](mailto:tjohns@biacky.org)

CAMP DESCRIPTION: \_\_\_\_\_ CAMP DATE: \_\_\_\_\_

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AMOUNT DUE: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

## Camper

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_

Email: \_\_\_\_\_

## Guardian

Name: \_\_\_\_\_

Relationship to Camper:

Address: \_\_\_\_\_

Spouse  Parent  Case Manager

City: \_\_\_\_\_

Sibling  Other (please specify)

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contacts

Please be sure these people will be available during the week of camp.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

For Office Use Only:

Application Received: \_\_\_\_\_ Payment Received: \_\_\_\_\_ Amount: \_\_\_\_\_

Acceptance Letter Sent: \_\_\_\_\_ Camp Date: \_\_\_\_\_ Location: \_\_\_\_\_

Buddy Name: \_\_\_\_\_ Phone: \_\_\_\_\_