

****PSALMS 2016 YOUTH RETREAT REGISTRATION FORM ****

MUST BE RECEIVED IN OUR OFFICE BY: DEADLINE JUNE 6, 2016

Psalms Camp * Post Office Box 7 * Kingsland, AR 71652

CAMPER/SPONSOR INFORMATION:

NAME _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

BIRTHDATE: _____ **GRADE COMPLETED:** _____

GENDER: MALE FEMALE (Grade completed for campers only)

I AM A: _____ **CAMPER** _____ **SPONSOR**

CHURCH INFORMATION:

CHURCH NAME: _____

CHURCH ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CHURCH PHONE: _____

EMAIL: _____

CONTACT PERSON: _____

REGISTRATION COST: \$100.00 per person

METHOD OF PAYMENT: [] CHECK [] MONEY ORDER

REGISTRATION \$100.00 = \$ _____ TOTAL ENCLOSED