

Mt. Salem Revival Grounds Registration Form

NAME _____ GENDER _____ AGE _____ BIRTH DATE ____/____/____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

GRADE THIS FALL _____ HOME PHONE _____ CELL PHONE _____

PARENT/GUARDIAN NAME _____ EMAIL _____

CHURCH NAME _____ PHONE _____

PASTOR'S NAME _____ EMAIL _____

EMERGENCY CONTACT NAME (other than parent) _____

EMERGENCY CONTACT RELATIONSHIP _____ PHONE _____

LIST MEDICATIONS CAMPER IS TAKING _____

PLEASE LIST ALL ALLERGIES, DIETARY NEEDS, OR OTHER MEDICAL CONCERNS (attach page if needed)

DOCTOR'S NAME _____ PHONE _____

_____/_____/_____ / _____ / _____
CAMPER'S INSURANCE PROVIDER POLICY NUMBER NAME OF POLICY HOLDER

Parents, please read and sign if your child is under 18:

I authorize the Director of Mt. Salem Revival Grounds to act in his best judgment in any emergency requiring medical attention for my child. I will not hold the camp or the camp staff liable for any injury incurred while I or my child visits Mt. Salem Revival Grounds. I understand that, in the event of a medical emergency, my insurance will be used and the camp insurance is purely secondary.

SIGNATURE: _____ DATE: _____

REGISTERING FOR CAMP AS:

- Individual
- Group: How many in Group? _____
- Family: How many over age 2? _____

CAMP WEEK PLANNING TO ATTEND

CHOOSE YOUR PAYMENT METHOD:

- MasterCard Visa Discover
- Check or Money Order (Please make check payable to: Mt. Salem Revival Grounds)

CHOOSE YOUR LODGING ACCOMODATIONS:

- Dormitories RV Pads Tent Sites
- Swiss Village Motel (A/C, private bath/bed & set of bunk beds)

NOTE: Registration fee must be enclosed to make reservations. Registration fees are non-refundable and non-transferable.

PAYMENT INFORMATION:

CREDIT CARD # _____

EXP: ____/____ REGISTRATION TOTAL:\$ _____

SIGNATURE: _____

Please mail completed form to: Mt. Salem Revival Grounds • P.O. Box 186 • West Union, WV, 26456

RESERVE YOUR SPOT TODAY BY CALLING WITH YOUR CREDIT CARD!

Phone/Fax: (304) 873-2315 • Email: mtsalem@citynet.net