

## *WIBF Camp Master Registration Form*

**Church Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Church Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Pastor:** \_\_\_\_\_ **Youth Pastor:** \_\_\_\_\_

Please list the name and ages (correct age is necessary for medical treatment) of every person attending camp with your group. This includes babies and infants. One form is needed for each week of camp. Please note that each person attending our camp must be registered with a participating church. Cabin assignments will be given at the time of registration. Each family that attends will be expected to participate in the activities of the camp. Please note counselors with a "C" with a circle around it and Family campers with a "F".

### Which week of camp is this registration for?

\_\_\_\_ **Senior/Family Week**

\_\_\_\_ **Junior/Family Week**

MALE	AGE	FEMALE	AGE
1. _____		1. _____	
2. _____		2. _____	
3. _____		3. _____	
4. _____		4. _____	
5. _____		5. _____	
6. _____		6. _____	
7. _____		7. _____	
8. _____		8. _____	
9. _____		9. _____	
10. _____		10. _____	
11. _____		11. _____	
12. _____		12. _____	
13. _____		13. _____	
14. _____		14. _____	
15. _____		15. _____	
16. _____		16. _____	
17. _____		17. _____	
18. _____		18. _____	
19. _____		19. _____	
20. _____		20. _____	

**TOTAL MALES** \_\_\_\_\_

**TOTAL FEMALES** \_\_\_\_\_

**TOTAL** \_\_\_\_\_

If you have any questions please call Pastor Groll at 262-456-0656.