

Camp Bethany Post-High Registration Form 2010

Saturday, June 19 2:00pm - Sunday, June 20 at noon

Adults ages 18-35 (ish)

Name _____

M ___ F ___ Age _____

Street Address _____

Birthday _____

City/State/Zip: _____

Home Church _____

Phone: _____

Email Address: _____

Number of Years Attended Camp Bethany: _____

Early Registration: **\$20 if mailed on or before June 10th.**
 \$25 after June 10th or at time of registration.

Emergency Medical Information

Emergency Contact _____

Emergency Phone _____

Camp Bethany Conduct Agreement

I understand that I am to meet Camp Bethany's standards of conduct and promise to act responsibly at all times. I understand that if I fail to follow the camp rules, dismissal from the camp may be necessary. **I also agree that during the course of my stay, I will not use tobacco, alcohol, or any other controlled substance.** The signatures below certify agreement to the above.

Signature

Date

Checks: Payable to "Camp Bethany"

**Mail this completed registration
along with payment to:**

**Lisa Gasser
6440 Kildale Sq W,
Columbus OH 43229
lisa_gasser@yahoo.com**

**After June 10th, please bring this registration form
and payment with you when you come to the camp.**