

LPBC 2010 Camp Application

Please fill out this application completely **including the Covenant Agreement**. The deposit must accompany this application and is **non-refundable**. The deposit does apply toward the camp fee.

Camper's Name: _____
Male ____ Female ____

Birthdate: _____ Age: ____

Address: _____

City: _____ State: ____ Zip: _____

Telephone: (____) _____

Email Address: _____

Church Preference: _____

Baptized: ____ Home Congregation: _____

Parent or Guardian: _____

Have you attended camp at LPBC before? ____

When? _____

I WANT TO ATTEND SESSION

- SESSION 1: June 6-11 • Primary Week (grades 3-5)
- SESSION 2: June 13-18 • Junior Week (grades 6-8)
- SESSION 3: June 20-26 • Senior Week (grades 9-12)
- SESSION 4: June 28-Jul 2 • Day Camp (ages 5-2nd grade, Must be 5 by 8/1.)
- SESSION 5: July 4-9 • Combined Week (grades 5-12)

Please mark session(s) you plan to attend. We will call you if the week you choose is full. Please call us if you need verification of acceptance. We must have applications two weeks before session.

Senior Week: Campers must have finished 8th grade.

Combined Week: Campers must have finished 4th grade.

Day Camp: Special instructions will be mailed to you when we receive your application.

T-SHIRT INCLUDED IN CAMP FEE

Circle T-Shirt Size:

Adult: Small Medium Large X-Large XX-Large
or Youth: YS YM YL

(If application is not received two weeks prior to camp, the T-Shirt will cost extra, if one is available.)

Please check the appropriate boxes and provide the necessary details below:

Allergies _____ Asthma _____
Convulsions _____ Diabetes _____
Heart Condition _____ Other _____

Medications: _____

Date of last Tetanus Shot: _____

Comments or instructions: _____

Insurance Company: _____

Policy Number: _____

The camper named on the other side of this sheet has my permission to attend camp and to participate in swimming and all other activities. I understand that in case of serious injury or illness, I will be notified; but if I cannot be contacted, permission is given for emergency treatment or surgery as recommended by the attending physician. (In case of emergency, campers will be taken to Phelps County Regional Medical Center.)

Signature of Parent or Guardian/Date _____

Street Address: _____

City: _____ State: ____ Zip Code _____

Home Phone (including area code) _____

Work Phone _____

COVENANT AGREEMENT

I understand that the rules and codes of LPBC are necessary for the Christian atmosphere of the camp. I have read the application and I will do all I can to obey these rules, including the dress code, and to be a Christ-like example to all campers and staff.

Signature of Camper _____

Signature of Parent _____

WOULD YOU LIKE TO MAKE AN ADDITIONAL DONATION TO LPBC?

**Mail applications to:
LPBC • P.O. Box 251 • Rolla, MO 65402**

