

Date: _____

2011 Brookland Summer Bible Camp Application
(Please Print)

Name: _____
First M.I. Last

Address: _____ Phone: (____) ____ - _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Male ___ Female ___ Grade: _____

T-Shirt Size: Youth XS ___ S ___ M ___ L ___
Adult S ___ M ___ L ___ XL ___ Other _____

Do you plan to use the provided transportation to camp? Yes ___ No ___

Do you plan to use the provided transportation from camp? Yes ___ No ___

Parents/Guardians:

Father: _____ Home Phone: _____

Father's Employer: _____ Work Phone: _____

Cell Phone: _____

Mother: _____ Home Phone: _____

Mother's Employer: _____ Work Phone: _____

Cell Phone: _____

Emergency Contact: _____

Name

Telephone Number

Family Physician: _____

Name

Telephone Number

Allergies:

Medications:

Other Medical Info:

Note: All medications must be administered by the camp nursing staff

Medical Release: I give permission for the above child to receive emergency medical treatment from a qualified physician while under the care of the camp staff during the week of July 31st - August 5th, 2011.

Parent/Guardian signature: _____

Please send applications to:
Brookland church of Christ
Attn: Camp Staff
9664 Highway 49B North
Brookland, AR 72417

For any questions:
870-932-5307

e-mail: info@brooklandchurchofchrist.org

All applications received by July 25th, 2011 will receive a camper information packet that contains all needed camp information. The cost for all pre-registered campers will be \$90 per camper. Registration on the 1st day of camp will cost \$95.