

## CAMP BENTLEY REGISTRATION AND HEALTH FORM

Name: \_\_\_\_\_ Camp Attending: \_\_\_\_\_

First time at Camp Bentley \_\_\_\_\_ Cabin Mate Request \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Church: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grand Entering: \_\_\_\_\_ Gender: \_\_\_\_\_

Nearest Friend or Relative: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Food Allergies or dietary restrictions \_\_\_\_\_

Medications: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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**Please send in registrations by June 1, 2024**