Weir Baptist Camp
Church Group Form

Every Church must use this as a cover form for ALL CAMPERS & SPONSORS who plan to attend Weir Baptist Camp if they are registering by mail. This Form Plus a REGISTRATION & MEDICAL FORM and MEDICATION LOG (if applicable) for every camper and every SPONSOR (ALSO STAFF/SPONSOR FORM) must filled out and sent to**: Baptist Area Office, P.O. Box 604 Altamont, KS 67330.**

ATTENDING WHICH CAMP: (Please Circle One)

Day Camp Kingdom Kids' Camp Children's Camp

Pre-Teen Camp Junior/Senior High Camp

NAME OF CHURCH: _____

CHURCH LOCATION: _____

CHURCH CONTACT PERSON: _____PHONE_____

CAMPER'S NAME	Grade Completed	Registration & Medical Form & Medication Log	Fees Paid	Office Use
MALE				
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
FEMALE				
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
TOTAL CAMPER FEES PAID	**Check:**			
	Cash:			

SPONSOR'S NAME	Registration & Medical Form & Medication Log	Staff/Sponsor Covenant Form	Fees Paid	Office Use
MALE:				
1)				
2)				
3)				
4)				
5)				
FEMALE:				
1)				
2)				
3)				
4)				
5)				
SPONSOR'S YOUNGER CHILDREN (NON-CAMPERS) $20				
1)				
2)				
3)				
4)				
TOTAL SPONSOR FEES PAID	**Check:**			
	Cash:			
TOTAL CAMPER/SPONSOR FEES PAID	**Check:**			
	Cash:			