



ASSOCIATIONAL CHILDREN'S CAMP REGISTRATION FORM

Please register each church separately. NON-Oklahoma Churches.
ALL persons in your cabin MUST be registered and registration fees paid.

2020

Church Name _____ Address _____
 City _____ State _____ Zip _____ Please Circle One: Camp I Camp II
 Lead Sponsor _____ CELL# _____
 Association _____ Cabin Name _____ Cabin# _____

Please Print Clearly **LIST ANYONE 18+ IN THISBOX**

1. _____	6. _____	11. _____
2. _____	7. _____	12. _____
3. _____	8. _____	13. _____
4. _____	9. _____	14. _____
5. _____	10. _____	15. _____

Please Print Clearly **LIST ANYONE UNDER 18 IN THISBOX**

1. _____	16. _____	31. _____
2. _____	17. _____	32. _____
3. _____	18. _____	33. _____
4. _____	19. _____	34. _____
5. _____	20. _____	35. _____
6. _____	21. _____	36. _____
7. _____	22. _____	37. _____
8. _____	23. _____	38. _____
9. _____	24. _____	39. _____
10. _____	25. _____	40. _____
11. _____	26. _____	41. _____
12. _____	27. _____	42. _____
13. _____	28. _____	43. _____
14. _____	29. _____	44. _____
15. _____	30. _____	45. _____

ACC Office Use Only

Total Full Time Persons _____ X \$65 = _____

Total 2 Night Persons _____ X \$50 = _____

Total 1 Night Persons _____ X \$25 = _____

Total Number in Cabin _____ Total Amount Paid _____

Check # _____ \$ _____ Cash \$ _____

ACC Registration Secretary Initials _____

ACC Assistant Business Manager Reference Number/Approval _____