

# ASSOCIATIONAL CHILDREN'S CAMP REGISTRATION FORM (2019)

**PLEASE REGISTER EACH CHURCH SEPARATELY (this form for OKLAHOMA Churches only)**

Church Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Please Circle One:    Camp I    Camp II  
 Pastor or Lead Sponsor \_\_\_\_\_ **CELL#** \_\_\_\_\_  
 Association \_\_\_\_\_ Cabin Name \_\_\_\_\_ **Cabin#** \_\_\_\_\_

**ALL persons in your cabin MUST be registered and pay the \$45.00 registration fee.**

Please Print Clearly		LIST <u>ALL ADULTS</u> IN THIS BOX	
1. _____	6. _____	11. _____	
2. _____	7. _____	12. _____	
3. _____	8. _____	13. _____	
4. _____	9. _____	14. _____	
5. _____	10. _____	15. _____	

Please Print Clearly		LIST <u>ALL CHILDREN</u> IN THIS BOX	
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 \$45 =	_____	
Total 2 Night Persons _____	X \$35 =	_____	
Total 1 Night Persons _____	X \$20 =	_____	
Total Number in Cabin _____	Total Amount Paid	_____	
Check # _____ \$ _____	Cash \$ _____		
ACC Registration Secretary Initials _____			
ACC Assistant Business Manager Reference Number/Approval _____			