



Free Will Baptist Youth Camp

16322 Camp Hope Rd ~ Ewing, Illinois 62836 ~ Ph:(618) 629-2188

AUTHORIZATION/VERIFICATION CHECKLIST

Week of Camp: _____ 3rd/4th Grade _____ 5th/6th Grade _____ 7th/8th Grade
 _____ 9th /10th Grade _____ 11th/12th Grade

I have successfully completed and submitted an electronic Camper Application on the Camp Hope website for:

CAMPER NAME: _____
(This form must be completed for EACH camper)

I have reviewed and agree to abide by the Camp Rules and Dress Code AND agree to cooperate fully with camp personnel.

CAMPER Signature: _____ Date: _____

I give permission for my child to be treated for illness or injury in the event of a medical emergency.

PARENT or Legal Guardian Name (print): _____

PARENT Signature: _____ Date: _____

OR

Legal Guardian Signature: _____ Date: _____

Return this Completed Form to:
Ernie Lewis, Director
1176 County Road 1975N
Cisne, Illinois 62823