

2016

**Illinois Free Will Baptist Youth Camp – Camp Hope
CAMPER APPLICATION**

Camper Name: _____
(Print First and Last Name)

Camper Address:
Address 1 _____
Address 2 _____
City, State Zip _____

Camper Phone Number: _____

Camper e-mail Address: _____

School Grade (Entering this fall) _____

Are you a first time camper?

Yes No

Week of Camp:

Note - Campers may only attend 1 week of camp with their age group.

3rd/4th Grade Camp (June 26-30)

5th/6th Grade Camp (July 3-8)

7th/8th Grade Camp (June 12-17)

9th/10th Grade Camp (June 19-24)

11th/12th Grade Camp (June 5-10)

Do you want an 8X10 group photo of your week of camp for \$5.00?

Yes No

Are you using the Family Plan?

Yes No

If yes, list other family members attending camp.

Church Name: _____

Pastor Name: _____

Church Address:

Address 1 _____

Address 2 _____

City, State Zip _____

Other Special Instructions:

MEDICAL INFORMATION

Does the camper have any health problems that require medicines or a special diet?

Yes No

If yes, please list/describe:

Any Known Allergies? *

None

Bee Stings

Wasp/Hornets

Insect Bites

Other

Other Allergies _____

Will you be taking medication during your camp stay? *

Yes No

If yes, please list any medications that you will be bringing to camp:
(Medications must be in prescription bottles)

Family Physician's Name: _____

Doctor's Phone Number: _____

EMERGENCY PHONE NUMBERS

Home _____

Work _____

Cell _____

PARENT (or Guardian): Do you give permission for your child to be treated for injuries?

Yes No

Print Name Signature Date

CAMPER: Do you agree to abide by the rules & dress code and to cooperate fully with camp personnel?

Yes No

Print Name Signature Date

Camper Name:

Week of Camp:

T-Shirt Order Form

One Free T-Shirt Per Paid Camper

- *T-Shirts can be picked up during the week of camp after successful registration and payment of fees*
- *Additional T-Shirts can be purchased for \$8.00 each*

Please Choose only ONE Here

YOUTH Size Shirt

Small (6-8)

Medium (10-12)

Large (14-16)

ADULT Size Shirt

Small (34-36)

Medium (38-40)

Large (42-44)

X-Large (46-48)

XX-Large (\$2 extra)

Additional Shirts (\$8.00 Each, Indicate quantity of each)

YOUTH Size Shirt

____ Small (6-8)

____ Medium (10-12)

____ Large (14-16)

ADULT Size Shirt

____ Small (34-36)

____ Medium (38-40)

____ Large (42-44)

____ X-Large (46-48)

____ XX-Large (\$2 extra)

TOTAL \$ _____