Calvary Christian Camp Registration

Include all necessary information for registration and let's get ready for a great week of camp!
Name: _____
First Last

☐ Counselor ☐ Camper
☐ Youth Director

☐ Male
☐ Female

Address: _____

City: _____ State:_____ Zip: _____

Birthdate: ___/___/___ Grade Next Year: _____

Phone: _____

Church Name: _____

City: _____ State:_____

Church Email: _____

Church Phone: _____

Pastor: _____

Youth Director: _____

Have you read and understood the camp's dress code and code of conduct?

☐ Yes ☐ No

Emergency Information

Parent/Guardian Name: _____

Work Phone: _____

Cell Pone: _____

Please list and explain any medical conditions, allergies or medications:

_____
_____
_____
_____

Please email or mail all registration forms to:

sistershae@yahoo.com

Brandon Baptist Tabernacle
1118 North Parsons Avenue
Brandon, FL 33510