

LEADER
Registration Form

I. Personal Information

Name of Church: _____

Name of Leader: _____ Age: _____

Address: _____

Cell Phone: _____

Email: _____

Are you a christian? Yes No

**On the back of this page please share your salvation testimony.*

II. Emergency Contact Information

(1) Name: _____ Relationship _____
Phone Number _____

(2) Name _____ Relationship _____
Phone Number _____

Please remember that we are a Christian Camp. We need to be Christ-like examples to the Campers. We should always use proper language and Camp Baldwin is a non-smoking facility. By signing, I agree to accept all assigned responsibilities and to abide by all camp and committee expectations.

Leader Signature

Date