

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. By signing, I agree to accept all assigned responsibilities and to abide by all camp and committee expectations.

Signature

Date