

# BOYS MISSIONS CAMP FOR GRADES 4-6 REGISTRATION FORM

July 23-25, 2008 at Lake Sallateeska  
Cost: \$58.00 per person

- \* You will need one adult chaperone (age 21+) for every five boys.
- \* Camper Information and Medical Release forms must be completed on all campers.
- \* Authorization and Request for Criminal Records Check must be completed on all chaperones.
- \* Registration deadline is July 1.

Name of person making reservations \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Church & Town \_\_\_\_\_ Association \_\_\_\_\_

List all adult chaperones below: Add additional names on back.

Name \_\_\_\_\_ Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_

List all children attending camp below: Add additional names on back.

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Send this Registration Form, Camper Information & Medical Release Forms and Chaperone Authorization Forms with \$58.00 per person to:  
Missions Team, IBSA, P.O. Box 19247, Springfield, IL 62794-9247. Make checks payable to: Illinois Baptist State Association.