

# CHILDREN'S MISSIONS DAY CAMP REGISTRATION FORM

Please circle the camp you are registering for:

**June 26 at Lake Sallateeska**

**June 30 at Streator Camp**

Cost: \$15.00 per person

- \* Camper Information and Medical Release forms must be completed on all campers.
- \* You will need one adult chaperone (age 21+) for every 5 children.
- \* Registration deadline is June 1.

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

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

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

**List all adult chaperones below: Add additional names and contact information 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 with \$15.00 per person to:  
Missions Team, IBSA, P.O. Box 19247, Springfield, IL 62794-9247. Make checks payable to: Illinois Baptist State Association.

There must be a minimum of 25 people registered to conduct camp at Streator.

