

# FATHER/SON MISSIONS CAMP REGISTRATION FORM

July 25-26, 2008 at Lake Sallateeska  
Cost: \$32.00 per person

\* Camper Information and Medical Release forms must be completed on all campers under the age of 18.  
\* Registration deadline is July 1.

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

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

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

Dad's Name \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Lad's Name \_\_\_\_\_ Age \_\_\_\_\_

Dad's Name \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Lad's Name \_\_\_\_\_ Age \_\_\_\_\_

Dad's Name \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Lad's Name \_\_\_\_\_ Age \_\_\_\_\_

Dad's Name \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Lad's Name \_\_\_\_\_ Age \_\_\_\_\_

Note: Please indicate if campers are grandfather/grandson, uncle/nephew, etc.

Send this Registration Form, Camper Information & Medical Release Forms for campers under the age of 18 with \$32.00 per person to:  
Missions Team, IBSA, P.O. Box 19247, Springfield, IL 62794-9247. Make checks payable to: Illinois Baptist State Association.