



# 2009 Camp Registration Form

Mail to: Camping Registrar, American Baptist Churches of the Central Region,  
5833 S.W. 29<sup>th</sup> St., Ste. A, Topeka, KS 66614-5505

Only one camper per form. Please complete all information. Do not leave any spaces blank. Incomplete forms will be returned. Camps are designed for the grade the camper is entering in the fall. Transitional grades of Junior and Middle School camps may opt for either one. For insurance reasons there can be no exceptions.

Camp location:  Camp Christy  Cross Wind  Ottawa University  Westminster Woods  Other

Camp Name: \_\_\_\_\_

Camp Dates: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Male  Female Grade in Fall: \_\_\_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Has the camper previously attended an ABCCR camp?  Yes  No

Please list any special needs, health problems, diet restrictions, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Amount Paid:..... \$ \_\_\_\_\_

Anticipated Scholarship/Church Financial Aid: ..... \$ \_\_\_\_\_

**(ALL FEES MUST BE PAID IN FULL BY THE CAMP START DATE.** Campers applying for scholarships should consult the 2009 Scholarship Guidelines and fill out the 2009 Scholarship Application, which are available by calling the Camping Registrar at 785.272.7622 or at [www.centralregioncamping.com](http://www.centralregioncamping.com). A \$30 fee will be assessed for all returned checks.)

\_\_\_\_ I would like to give to the ABCCR Camp Scholarship Fund ..... \$ \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE (REQUIRED):**

- \* I give permission to ABCCR to use photographs of campers for promotion.
- \* I give permission for my child to participate in the challenge course and climbing tower while at camp. I release the Central Region Camping Program, the camp, and all employees, staff and volunteers of the camp, and any affiliates from liability and risks associated with participation in the low-elements challenge course at Cross Wind and the climbing tower and zip-line at Camp Christy.

Parent/Guardian Signature \_\_\_\_\_

**ABCCR Office Use Only:**

Date Recv'd: \_\_\_\_\_

Indiv. Chk. #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Ch. Ck. #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Canc. Date: \_\_\_\_\_

Amt. Ref: \_\_\_\_\_

Camper ID #: \_\_\_\_\_

All correspondence and questions, including registration, refunds, cancellations, etc., should be directed to the Camping Registrar at 785.272-7622.