

SUMMER CAMP RESERVATION FORM



***This form is to be turned in with
your deposit.***

Church Information

Church Name: _____ Phone: _____ - _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Information

Contact Name: _____ Position: _____

Phone: _____ - _____ - _____ E-Mail Address: _____

o Please mail materials to the church OR list your home address here:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Camp Information

Week of Camp

Children's Camp

o June 11-15

o June 17-21

o June 24-28

o July 15-19

o July 22-26

o July 29-Aug 2

Youth Mission

Camp

o July 7-12

Girls and Boys

Camp

o August 4-8

Number of Campers Attending:

Female Campers _____

Female Chaperones _____

Male Campers _____

Male Chaperones _____

Total _____

***Note: Chaperones are required at a ratio of 1 adult per 6 campers. Coed groups require coed chaperones.**

Deposit Information

A \$55 deposit per person (campers & chaperones) is required to confirm your reservation. This deposit is NOT refundable under ANY circumstance. Deposits are \$75 for youth week. Deposits may be made with check or money order payable to:

South Mountain Baptist Camp, 3558 Baptist Camp Rd., Connelly Springs, NC 28612

Deposit Enclosed: \$ _____

I have read, understand, and agree to all policies in the registration booklet & on this form.

Authorized Church Representative's Signature

Printed Name