

South Mountain Baptist Camp Roster

Church Name: _____ Church Phone Number: _____

Church Address: _____ City, State, Zip: _____

Pastor: _____ Week of Camp: _____

CHAPERONES					
	Name:	M/F		Name:	M/F
1			6		
2			7		
3			8		
4			9		
5			10		

CAMPER'S						
	Name:	M/F	Grade	Profession of Faith		
				Yes	No	Unsure
1						
2						
3						
4						
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