

**TRI-STATE APOSTOLIC CAMP  
REGISTRATION FORM**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Ph#(     ) \_\_\_\_\_

Cell Phone#: \_\_\_\_\_ Email Address \_\_\_\_\_

Parents Name \_\_\_\_\_ Church \_\_\_\_\_ Pastor \_\_\_\_\_

Have You Repented? \_\_\_\_\_ Baptized? \_\_\_\_\_ Received Holy Ghost? \_\_\_\_\_

*I will not hold the Tri-State Apostolic Camp responsible for any accident that might befall my child which may be caused by neglect or disobedience on the camper's part; I also will not permit my child to leave the campgrounds early without a written statement by me,*

Parents Signature (if minor) \_\_\_\_\_

**THE INFORMATION BELOW MUST BE FILLED OUT  
AND SIGNED BEFORE STUDENT CAN ATTEND:**

Is camper on medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

Is camper allergic to medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

Does camper have Asthma? \_\_\_\_\_ What other allergies? \_\_\_\_\_

Has camper had a Tetanus (Lock-jaw) Inoculation? \_\_\_\_\_ When? \_\_\_\_\_

*I, the camper, will abide by the camp rules and dress code (as listed on Rules and Regulations Form) and be obedient and cooperative at all times!*

Signature of Camper \_\_\_\_\_ Date \_\_\_\_\_

*I hereby grant my child permission to receive the necessary doctor and medical treatment which the camp nurse or management deems necessary for his/her well being. I agree to assume all responsibility for expenses not covered by the church insurance of which said camper attends:*

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Pastor \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
ATTESTING OFFICIAL

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

My commission expires \_\_\_\_\_

**C O S T I N F O R M A T I O N**

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**ON CAMPUS REGISTRATION**

**Ages 0 - 6 Free (with parent)**

**7 - 12 \$70.00**

**13 - UP \$85.00**

**(INCLUDES: Lodging & Meals per person/per week)**

**OFF CAMPUS REGISTRATION**

**\$20.00 Per Person Per Week**

**Or**

**\$40.00 Per Family**

**Meal Tickets Are \$20.00 Per Person Per Week**

**Or**

**\$5.00 Per Day Per Person**

**CAMPER & RV PARKING**

**\$10.00 Per Night Plus Camp Registration**

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**PLEASE COMPLETE THIS FORM & TURN IN TO YOUR PASTOR PRIOR TO**

**MAY 9, 2007**

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**Camp Nikao is "Air Conditioned". Bring an extra blanket.  
(The nights may be cool!)**

Paid \_\_\_\_\_ Date \_\_\_\_\_ To Whom \_\_\_\_\_