

ENCOUNTER REGISTRATION FORM

Male Female

Last Name First Name

Age (as of end of Dec. 2017) Birthday: ____/____/____ Grade (Sept. 2017) ____
Day Month Year

Mailing Address

City _____ Prov. _____ Postal Code _____

Phone: (____) _____ E-mail _____

Parent/Guardian's Name _____

Work # _____ Cell # _____

Church you attend (if any) _____

Have you been to Gardom Lake Bible Summer Camp before? Yes No

Same tent as* _____, _____ (please put full name)

*Both campers must request each other – limited to one request

Parent/Guardian's Signature:

By my signature, I confirm that I have read and agree with all points in the liability waiver listed below.

Signature: _____ Date: _____