

Mnt. Creek Christian Camp

2009 Youth and Adult Registration

If a youth is registering, form must be filled out by a Parent or Guardian.

Date of Camp Session Attending: _____
Event Registering for (Youth or Adult Retreat): _____
Camper Name: _____ D.O.B. ____ / ____ / ____
Male ____ or Female ____ Grade (fall of "09"): _____
Address: _____ City _____ St. _____ Zip: _____
Home Phone: (____) _____ Camper Email _____
What Church do you attend? _____

Father/Guardian Name: _____ Phone: _____
Address: _____
Work Phone: _____ Email: _____
Mothers Name: _____ Address: _____
Phone: _____ Mothers Employer: _____
Work Phone: _____ Email: _____
Emergency Contact (other than parent): _____ Phone: _____
Person/Church permitted to pick up child from camp: _____
Person NOT permitted to pick up child from camp: _____
Campers Dr. Name: _____ City: _____ Phone: _____
Campers Dentist Name: _____ City: _____ Phone: _____

Payment Information

Camper Fee: \$ _____
Deposit (\$30 non-refundable) _____
OR full payment: _____
Balance Due: _____

Mail Form and deposit to: Mnt. Creek Christian Camp, 3396 MC 143 Oakland Ar. 72661
% of Don and Brenda Putnam.

Registration are accepted on a first come first served basis. You will be notified if your registration is not accepted.

Please make your checks out to: Mnt. Creek Christian Camp

Any questions please call: 870-431-4439

Thank You and GOD Bless!