

YOUTH GROUP REGISTRATION



EVENT CHOICE

Name of Event: _____

Dates of Event: _____

Location of Event: _____

Please remember to check **where** the registration is to be mailed. You can check the descriptions in this catalog or on the camp website calendar (www.gocamping.org)

Group Registration Information

Name & City of Church/Group: _____

Contact Person: _____ E-mail: _____

Address/City/Zip: _____

Daytime Phone: () _____ Evening Phone: () _____

(Please copy this page if necessary)

IMPORTANT NOTE: Any church with an individual (or a few) youth, but no adult leader, should contact the registrar of their event to arrange an "adoption" by another attending group who has enough adults to cover additional youth. We don't want any youth missing out on this event due to adults not being available to bring them!

Girls from your Church

Paid

Boys from your Church

Paid

1. _____ Grade _____ \$ _____
2. _____ Grade _____ \$ _____
3. _____ Grade _____ \$ _____
4. _____ Grade _____ \$ _____
5. _____ Grade _____ \$ _____
6. _____ Grade _____ \$ _____
7. _____ Grade _____ \$ _____

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2. _____ Grade _____ \$ _____
3. _____ Grade _____ \$ _____
4. _____ Grade _____ \$ _____
5. _____ Grade _____ \$ _____
6. _____ Grade _____ \$ _____
7. _____ Grade _____ \$ _____

Female Chaperone:

Male Chaperone:

_____ \$ _____

_____ \$ _____

You **MUST** have one adult per seven youth of the same gender. Other church/group with whom you will be sharing chaperones:

Name of Church you will be sharing chaperones with (if applicable) _____

Total Paid: \$ _____

Youth Leaders: Please make check payable to "Conference Treasurer". Mail this form and check to the **Camping Office 1505 SW 18th Avenue, Portland, OR 97201** or FAX: 503-228-3196 not later than **2 weeks before the start of the event.**

Send the registration form and check now, health forms will be sent to you upon registration (or download health forms from www.gocamping.org)