

CAMPER APPLICATION

BIBLE HOLINESS FELLOWSHIP YOUTH CAMP • RUSSELLVILLE, AR
JUNE 16-20, 2025

CAMPER INFO

NAME: _____ MALE FEMALE

PLEASE PRINT CLEARLY

ADDRESS: _____ CITY: _____ STATE: _____

AGE: _____ DOB: _____ PHONE: _____

CHURCH NAME: _____

PASTOR'S NAME: _____

Camper, please sign below if you agree with this statement: *I have read and agree with the camp rules.*

CAMPER SIGNATURE: _____

MEDICAL

Please list any chronic illness, allergies, and medications:

CAMPER'S PHYSICIAN: _____ PHONE: _____

PARENTS/LEGAL GUARDIANS

FATHER NAME: _____ WORK NUMBER: _____

MOTHER NAME: _____ WORK NUMBER: _____

PARENTAL AUTHORIZATION

I do hereby give my consent that such reasonable discipline shall be administered to the child named above as is deemed necessary by camp administration. I consent to proper emergency medical or surgical treatment as deemed necessary by the attending physician in the event of injury or illness of the above named child. It is understood that every effort shall be made to contact me immediately in the event of necessary disciplinary action or medical attention. Bible Holiness Fellowship, Inc., or its officers assume no liability for injury above the fellowship's current insurance policy.

SIGNATURE OF PARENT/GUARDIAN

DATE

Please send the completed application with a \$15.00 deposit to:
Bro. Paul Snow 103788 S 3458 Rd, Meeker, OK 74855

(For additional copies of Youth Camp rules and applications, you may visit our website at: HolinessYouthCamp.org)