

# Registration Form 2018 August 5-10, 2018



NorthLand Bible Camp  
2203 141st Ave. N.W.  
Andover, MN 55304  
(608-387-5199) (763-757-8888)  
CampNLBC@gmail.com



**(Confidential)**

Camper: \_\_\_\_\_ Age at time of camp: \_\_\_\_\_ Grade entering: \_\_\_\_\_ Male  Female   
Parents/ Guardians: \_\_\_\_\_ Camper's Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Primary E-Mail: \_\_\_\_\_ Camper's Email \_\_\_\_\_  
Home Church: \_\_\_\_\_ Church location: \_\_\_\_\_

(Email is for registration confirmation and related correspondence.) (Print or type clearly.)

**Payment: Make checks payable to NorthLand Bible Camp or Pay online at [www.camp-nbc.com](http://www.camp-nbc.com)**

- Full Fee \$120.00 **OR**
- Pre-Registration \$25.00 (non-refundable)

**Need Scholarship help? Contact us at [CampNLBC@gmail.com](mailto:CampNLBC@gmail.com) or 608-387-5199 to request help.**

*Please list the adults who are authorized to pick up your child after camp is over: Both Camper and the person picking camper up will be required to "sign out" the camper at end of camp.  
Only authorized adults may pick up children from camp.*

\_\_\_\_\_  
\_\_\_\_\_

*I authorize the use of any and all photographs or video tape pictures that include me or my minor children participating at NorthLand Bible Camp activities to be used in ministry of the InFaith publications, displays, brochures or the website.*

\_\_\_\_\_  
*Parent/Guardian Signature*

*Please list all food allergies and/or dietary restrictions:*

*Does the camper have any other special needs that we should anticipate? (ADHD; non-food allergies; physical, mental, or behavior challenges, etc...) Please use space below to explain:*

## Camper's Section:

*As a camper of North-Land Bible Camp, I will obey the rules of the camp and show respect to all Cabin Leaders, staff and fellow campers. I also understand that if I fail to do this I may be asked to return home before the week is over.*

*Camper's Signature* \_\_\_\_\_

If possible, I would like to be in the same cabin as \_\_\_\_\_  
(This person needs to be someone approximately the same age.)

***No cabin assignments will be changed on registration day!***

**More Registration and Medical forms can be found on our website: [www.camp-nbc.com](http://www.camp-nbc.com)**

*Send this registration form, with payment, to the address above. Once we receive your form, we will send you a confirmation letter or email.*

For Office use: Date: \_\_\_\_\_ Paid? \_\_\_\_\_ Owed at camp \_\_\_\_\_ Scholarship: \_\_\_\_\_

Date Confirmation Sent: \_\_\_\_\_ Other: \_\_\_\_\_