

Registration Form 2019 August 4-9, 2019



NorthLand Bible Camp
24304 Flint Ave.
Tomah, WI 54660
(608-387-5199)
Biblecamp.northland@gmail.com



(Confidential)

Last Name: _____ First Name: _____ Age at time of camp: _____ Male Female
Parents/ Guardians: _____ Camper's Birth Date: ____ / ____ / ____
Address: _____ City/State/Zip: _____
Primary Phone: _____ Text? Y / N Other 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

Full Fee \$120.00 **OR**

Pre-Registration \$25.00 (non-refundable) * **NOTE*** You are not registered without the pre-registration fee.

Need Scholarship help? Contact us at biblecamp.northland@gmail.com or 608-387-5199 to request

In the event you are unable to pick up your camper after camp, please list all possible adults who are authorized to pick up your camper in your stead. Both your camper and the person picking up your camper will be required to "sign out" 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 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 at my Guardian's expense.

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

Send this registration form, with payment, to the address above.

Once we receive your form and payment, we will send you a confirmation letter or email.

For Office use: Date: _____ Paid? _____ Owed at camp _____ Scholarship: _____

Date Confirmation Sent: _____ Other: _____