

REGISTRATION FORM

BAPTIST HILL SENIOR ADULT CAMP

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: () _____ CELL: () _____

NAME OF CHURCH: _____

CITY OF CHURCH: _____

ASSOCIATION: _____

IF YOU HAVE A CAMP RESPONSIBILITY ASSIGNED TO YOU, PLEASE

LIST IT: _____

AMOUNT SENDING WITH REGISTRATION: \$ _____

I WISH TO STAY IN:

_____ **DORMITORY**

_____ **CABIN OR MOTEL UNIT**

_____ **CAMPGROUND**

_____ **OTHER(SPECIFY) _____**

DATES YOU PLAN TO ATTEND IF NOT FOR THE ENTIRE 4 DAYS:

**SEND TO: BAPTIST HILL ASSEMBLY
PO BOX 491
MT VERNON, MO 65712
417-466-3034**

Senior Adult Health Form

Name: _____

Date of birth: _____ **Male** ___ **Female** ___

Address/city/zip _____

_____ **Ph.#** _____

Please list allergies: _____

Any special instructions or diet? _____

Specify _____

Are you diabetic? ___ **Do you take insulin?** ___

In case of an emergency, notify _____

Phone # _____

Location of your medications: _____

List of meds: _____

**Hospital preference in case of an
emergency:** _____

Physician Preference: _____

Phone #: _____