

REGISTRATION

GROUP NAME: _____

GROUP LEADER NAME: _____

GROUP LEADER CONTACT INFORMATION:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____

ANTICIPATED NUMBER OF VOLUNTEERS: _____

ANTICIPATED NUMBER OF CHILDREN 12 & UNDER: _____

DESIRED DATE: *(Please check one of the following)*

☐ FRIDAY, MARCH 18 - SUNDAY, MARCH 20

☐ FRIDAY, APRIL 1 - SUNDAY, APRIL 3

☐ FRIDAY, APRIL 8 - SUNDAY, APRIL 10

☐ FRIDAY, APRIL 29 - SUNDAY, MAY 1

MAIL COMPLETED FORM TO:
COVENANT CEDARS BIBLE CAMP
P.O. BOX 68
HORDVILLE, NE 68846