

2024 Arkansas District Camp Registration Name List

Early Bedding Reservations ___ Yes ___ No

This form is available to help with your registration process. Please complete all the information requested.
It is recommended that you keep a copy of this form for your records.

Church Name _____ City _____
 Coordinator _____ Daytime Phone _____
 Coordinator's Email Address _____
 Total Amount Enclosed \$ _____ Date Mailed _____

Circle One

YC #1	YC #2	YC #3	YC #4	YC #5
KC #6	KC #7	KC #8	KC #9	KC #10

***Please use separate forms for Guys and Girls.**
***Add additional \$\$\$ required to the deposit if ordering a Blister Pack.**

Camper's Name	Camp # (see above)	Biological Gender M/F	T-Shirt S, M, L, XL, 2X, 3X (incl. in camp fee)	Medicine Blister Pack \$1.50 each	Late Fee \$25 (if applies)	Deposit Amount (incl. Early Bedding from online & add-ons)	Balance Due at camp
Example: John Smith	2	M	List size for each camper	1.50	0	61.50	125.00
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Make a copy of this form for your records and then mail this form with camper registration forms, Volunteer staff applications & a church check to: Camp - 10924 Interstate 30 - Little Rock, AR 72209