



RED CLIFF BIBLE CAMP

CAMPER REGISTRATION FORM

Please completely fill out all areas of the registration form.

* Indicates required question

*Camp Attending: _____

*Email: _____

*First Name: _____

Middle Name: _____

*Last Name: _____

*Birth Gender: _____

*Date of Birth: _____

*Full Name of Parent/Guardian if camper is under age 18:

*Home Phone Number or Cell Number: _____

*Emergency Contact: _____

*Emergency Contact Number: _____

*In the event of an emergency, is there any other information we should know about the camper that would be pertinent to seeking treatment? _____

If yes, please explain:

*Mailing Address: _____

*City: _____ *State: _____ *Zip code: _____

*Name of Church Presently Attending: _____

*Camper Insurance Company: _____

*Insurance Policy Number: _____

*Is the camper allergic to any food, medications, or other substances? _____
If yes, please explain:

*Is the camper currently taking any medications? _____

Please List Medications:

*I acknowledge that Red Cliff Bible Camp reserves the right, for promotional and marketing purposes, to use any and all audio and video, and/or photography of guests and campers participating on the premises of Red Cliff Bible Camp. _____

Please send this completed Registration Form to:

Red Cliff Bible Camp

PO Box 846

Pinedale, Wyoming 82941