Hartselle Camp Meeting

Hartselle, Alabama Sunday-Friday, June 14-19, 2020

Youth & College 2020 REGISTRATION FORM

Instructions: Each Student must fill out this form and return it (with Deposit) to the address provided.

| Student's Name | | | Age | Male | Female (circle | |
|--------------------------------|-----------------|-------------------------------|---------------|----------------------|----------------|--|
| Mailing Add | ress | | | | | |
| CityState | | State | Zip | Last Grade Completed | | |
| Student's Home Phone | | | Cell Phone | | | |
| E-Mail | | | Date of Birth | | | |
| Your Church Name | | | Pastor | | | |
| In case of Emergency, Contact: | | ct: | Their E-Mail | | | |
| Their Phone | Numbers: | | | | | |
| Your Medica | al Conditions: | | | | | |
| COST: | | Deposit * Due Upon Arrival | * The \$3: | 5.00 Deposit is n | on-refundable | |
| | \$175.00 | Total Cost Per Person | | | | |

Student Agreement

(To be signed by all Campers)

I understand that I am solely responsible for my conduct, safety, and well-being. I understand that the responsibilities of the staff and leadership of the Hartselle Camp Meeting Association are only to provide spiritual programming for this camp. I fully understand that I am financially responsible for any damages that I may cause. I have read and understand the rules for the Hartselle Camp Meeting, and agree to abide by them, and I understand that failure to do so will result in our termination from this camp, with no refunds being made.

| Signature of Student |
|----------------------|
| Today's Date |
| |

MAKE CHECKS PAYABLE TO: Hartselle Camp Meeting FOR MORE INFORMATION, CALL: 205.310.8067 (Rob Cain) www.HartselleCampMeeting.com

SEND COMPLETED FORMS TO:

Rob Cain 1145 Brookhill Road Tuscaloosa, AL 35404

E-Mail: Rob4NoComp@aol.com