Hartselle Camp Meeting

Hartselle, Alabama Sunday-Friday, June 25-30, 2017

YOUTH & COLLEGE REGISTRATION FORM – 2017

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

Student's Name			Age	Male F	Gemale (circle)
Mailing Add	lress				
CityState		Zip	Last Grade Comple	eted	
Student's Home Phone			Cell Phone		
E-Mail			Date of Birth_		
Your Church Name			Pastor		
In case of Emergency, Contact:			Their E-Mail		
Their Phone	Numbers:				
Your Medica	al Conditions:				
COST:		Deposit * Due Upon Arrival Total Cost Per Person	* The \$35.00 Deposit is non-refundable.		
COST INCL	LUDES LODGIN	NG (5 NIGHTS), ALL 16 MEAI	LS, NOTEBOOK,	& CAMP MEETING	PROGRAM.

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: 205.556.0291 www.HartselleCampMeeting.com

SEND COMPLETED FORMS TO:

Rob Cain 1145 Brookhill Road Tuscaloosa, AL 35404

E-Mail: Rob4NoComp@aol.com