



Summer 2010 Camp Application

Send this completed application to:
4508 W 56th Ave / Hutchinson, KS 67502

OFFICE USE ONLY

Male
 Female

LAST NAME _____ FIRST NAME _____ BIRTH DATE ____/____/____

EMAIL ADDRESS (optional) _____ GRADE (next year) _____

PARENT'S NAME _____ HOME PHONE (____) - (____) - _____ WORK PHONE _____

STREET ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____

HOME CHURCH _____ CITY/LOCATION _____

Do not include applicant in address and photo directory shared with others at camp. REQUESTED ROOMMATE (choose one) _____

MEDICAL INSURANCE COMPANY _____ POLICY NUMBER _____

Daily Medications Allergies Seizures

YEAR OF LAST TETANUS SHOT Drug Sensitivities Asthma Diabetes Other

If any physical limitations or problems, include information at right >

I agree not to hold Kansas Bible Camp, Inc. liable for accidents or illnesses that may occur. I also give permission for emergency medical treatment to be given through our insurance if needed. I agree to allow KBC to use photos and videos of this applicant for publication.

PARENTAL SIGNATURE (IF UNDER 18) _____ DATE ____/____/____

Session	(Grades)	Dates
<input type="checkbox"/>	Grade School 1 (4-6)	Jun 6-11
<input type="checkbox"/>	Girls Junior High 1 (7-9) *	Jun 6-11
<input type="checkbox"/>	Junior High 1 (7-8)	Jun 13-18
<input type="checkbox"/>	Girls Grade School 1 (4-6) *	Jun 13-18
<input type="checkbox"/>	High School 1 (9-10)	Jun 20-25
<input type="checkbox"/>	Grade School 2 (4-6)	Jun 27 - Jul 2
<input type="checkbox"/>	Girls Junior High 2 (7-9) *	Jun 27 - Jul 2
<input type="checkbox"/>	Girls High School (10-13) *	Jul 18-23
<input type="checkbox"/>	Grade School 3 (4-6)	Jul 25-30
<input type="checkbox"/>	Junior High 2 (7-8)	Aug 1-6
<input type="checkbox"/>	Girls Grade School 2 (4-6) *	Aug 1-6
<input type="checkbox"/>	High School 2 (11-13)	Aug 8-13

* East Campus

MEDICAL NOTES (use back of form if needed)



Summer 2010

www.ksbiblecamp.org

If you have Internet access, please register online. This will ensure that your application is processed quicker and error free. You will still need to send in a signed application. One may be printed upon completion. Register today at our website.

Main Campus

Session	(Grades)	Dates
Spring Retreat	(7-13)	Apr 16-18
Lifeguarding		May 24-28
CPR AED for Lifeguards		May 25-27
Leadership Training Camp 1	(9-13)	May 30 - Jun 5
Grade School 1	(4-6)	Jun 6-11
Junior High 1	(7-8)	Jun 13-18
High School 1	(9-10)	Jun 20-25
Grade School 2	(4-6)	Jun 27 - Jul 2
Family Camp		Jul 4-9
Leadership Training Camp 2	(9-13)	Jul 4-9
Grade School 3	(4-6)	Jul 25-30
Junior High 2	(7-8)	Aug 1-6
High School 2	(11-13)	Aug 8-13

East Campus

Session	(Grades)	Dates
Girls Junior High 1	(7-9)	Jun 6-11
Girls Grade School 1	(4-6)	Jun 13-18
Girls Junior High 2	(7-9)	Jun 27 - Jul 2
Girls High School	(10-13)	Jul 18-23
Girls Grade School 2	(4-6)	Aug 1-6



Group Registration 2010

Family Camp Jul 4, 3:00pm - Jul 9, 6:00pm

DO NOT WRITE
INSIDE THIS BOX

FAMILY LAST NAME

STREET ADDRESS

CITY STATE POSTAL CODE

EMAIL ADDRESS HOME PHONE

HOME CHURCH CITY/LOCATION

MEDICAL INSURANCE COMPANY POLICY NUMBER

Air conditioned & first floor rooms are limited. We reserve them for the neediest. Tent and RV sites are available. Let us know what you need:

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PARENTAL SIGNATURE DATE

NAME	GENDER	GRADE	BIRTHDATE
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	____/____/____

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Kansas Bible Camp
Hutchinson, KS 67502



2010 Spring Retreat Application

Apr 16, 7:00pm - Apr 18, 1:00pm

Camper Staffer

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LAST NAME FIRST NAME

Male Female ____/____/____
BIRTH DATE GRADE (NEXT YEAR)

EMAIL ADDRESS PHONE

STREET ADDRESS

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2010 Spring Retreat Application



Apr 16, 7:00pm - Apr 18, 1:00pm

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