

CAMP REGISTRATION

(Minimum age: 6th grade; Maximum Age: 12th grade)

Personal Information

Name: _____

Address: _____

City: _____

Phone: _____

Email: _____

Church: _____

Birthdate: _____ M / F Grade: _____

School: _____

Medical Information

Emergency Contact: _____

Contact's relationship to camper: _____

Contact's phone number: _____

Please list allergies (including food and medications):

Dietary restrictions: (if any):

Medical conditions or health-related information
pertinent to the camper's health and safety:

Does the camper have health insurance? Y / N

If "yes", please name insurance: _____

Policy / Group number: _____

Doctor's name and phone number:

Camp Cost

Make checks payable to your church.

_____ Paid by 12/11/17 \$40

Total Amount: \$ _____

For Registrar Use Only

Date Received _____

Amount Received _____

Check # _____ / Cash

CONTACT INFORMATION

Kendal Fong

Kalihi Union Church

(808) 741-4641

Charity Caracol

Agape Christian Fellowship Oahu

(808-954-1056)

Kacy Nomura

Faith Christian Fellowship

Shayne Tauaefa

Innovative Concepts

(808) 341-5653

Mike Fraser

Island Family Christian Fellowship

(808) 489-1717

Bellows AFB Campgrounds

220 Tinker Road, Waimanalo

Winter Youth Camp



December 27 – 29, 2017

Bellows AFB

Campgrounds

