

OPC-PCA Bible Camp

Staff Registration

June 25-July 1, 2022

Please include area code with all phone numbers.

We require all information.

Staff Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Church: _____

Areas Able to Serve

Counselor: _____ Teacher: _____ Crafts: _____ Activities: _____

Music: _____ Nurse: _____ Other: _____

Transportation

How are you getting to camp? _____

Bringing your own vehicle? _____ Capacity? _____

Note: If you are bringing your own personal vehicle, please be prepared to provide emergency transportation, if necessary.

Emergency Contact

Name: _____

Relationship: _____

Home/Cell Ph: _____ Work Ph: _____

Email: _____

Bus Information

___ Yes, I'm riding the bus/vam from Denver, CO

___ Yes, I'm riding the bus from Lennox, SD

___ Yes, I'm riding the bus from Chamberlain, SD

___ No, I'm not riding the bus.

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Family Members Coming with You (not as campers)

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Please include ages of children.

We must have a registration for every person attending camp, this goes for staff, and family members (no matter their age), as well as for campers.

Camp Rules Acknowledgement

I have read the camp rules, will do my best to follow them as an example to the campers, and will work to hold the campers under my care to them.

Signature: _____

Printed Name: _____

Date: _____

A detailed list of camp rules can be found on the website: www.opc-pca-biblecamp.com or provided at your request by contacting Ethan Sayler, the camp director, at 712-229-6842 or reveds@msn.com.

Cost

The cost for Camp is \$345 per person. Traditionally we do not ask Camp Staff to pay for attending camp, with the camper's registration covering their cost. Still, if you would like to pay, or ask for assistance from your church to help covering the cost of camp, please send checks with the registration form to

OPC-PCA Bible Camp
PO Box 632
Lennox, SD 57039

----- For Office Use Only -----

Date Rec'd: _____ Check Number: _____

Amount Rcvd: _____ Cash: _____

CA: _____ RC: _____ B: _____

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