

2015 CAMP & RETREAT PRE-REGISTRATION FORM

Acadian Baptist Center

1202 Academy Dr.

Eunice, LA 70535

Ph: 337-457-9047 • Fax: 337-457-7421

E-mail: info@abccamp.com • Web: www.abccamp.com

Camp/Retreat Attending: _____ Date: _____

Church: _____

Address: _____ City/State/Zip: _____

Phone: _____ Cell Phone: _____

****(\$50.00 per person pre-registration fee along with pre-registration form must be received in order for your reservation to be confirmed. Phone-in or email reservations are NO LONGER ACCEPTED.)****

| Camper Name: | Grade: | Age: | Sex: | Contact/Emergency |
|--------------|--------|------|------|-------------------|
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(Note: \$20.00 fee, in addition to regular camp fee, is charged for those attending summer camp without counselor. Only 4 counselors available each week on a first-come, first-served basis.)

REFUND POLICY: full refund if notice of cancelation is received 60 days prior to camp date; notice of cancelation received less than 60 days prior to camp dates results in forfeiture of entire deposit. Only that portion of pre-registration fee for those actually attending camp will be deducted from bill.

Total Pre-registration fee enclosed: \$ _____

Balance due upon arrival at camp: \$ _____

Contact Person: _____

Address: _____ City/State/Zip: _____

Phone: _____

Cell Phone: _____