

# OZARK FAMILY CAMP

## 2018 APPLICATION FORM

Please indicate which week you would like to attend, fill in the form completely and return to the address for the week you selected:

- |                                      |  |
|--------------------------------------|--|
| _____ Week 1<br>July 28–Aug. 3, 2018 | Send to:<br>Dave Dillon, Director<br>4103 Orchard Dr.<br>Melbourne, FL 32940 |
| _____ Week 2<br>Aug. 4–10, 2018      | Brian Glaeser, Director<br>5025 70 St<br>Kenosha, WI 53142                   |
| _____ Week 3<br>Aug. 11–17, 2018     | Eric Barker, Director<br>711 Bridge Street<br>Redfield, IA 50233             |

**FOR OFFICE USE ONLY**  
(Please do not write in this space)

\_\_\_\_\_ Oak Lodge Room # \_\_\_\_\_

\_\_\_\_\_ Cedar Lodge Room # \_\_\_\_\_

\_\_\_\_\_ Bunkhouse Room # \_\_\_\_\_

\_\_\_\_\_ Camper Village

\_\_\_\_\_ Other \_\_\_\_\_

Postmarked \_\_\_\_\_

Each camp begins Saturday with supper and ends Friday with breakfast.

Mr / Ms \_\_\_\_\_

Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Children/Young People (with you)*	Name	Age (at camp)	Gender (circle)
1.	_____	_____	M F
2.	_____	_____	M F
3.	_____	_____	M F
4.	_____	_____	M F
5.	_____	_____	M F
6.	_____	_____	M F
7.	_____	_____	M F
8.	_____	_____	M F

Please list children you will be bringing with you to the right.  
List additional children if applicable on reverse side with age & gender.

\* Note above if you are not the parent or legal guardian of any minors – a form will be sent to you to obtain consent to attend.

We plan to: (please mark as accurately as possible)

- Come for all of the conference
- Come for part of the week arriving \_\_\_\_\_ and leaving \_\_\_\_\_
- Bring our own sleeping unit
- Bring a window air-conditioner (THRBC will charge \$30 for electricity used)
- Have the following children 14 or over stay in our cabin: \_\_\_\_\_

Specific areas you would be willing to help (and who):  cooking \_\_\_\_\_;  teaching \_\_\_\_\_;  
 nursery \_\_\_\_\_;  children's games \_\_\_\_\_;  nurse \_\_\_\_\_;  other : \_\_\_\_\_

Other information we should know: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (Required for registration)

MULTIPLE CANCELLATIONS MAY JEOPARDARIZE FUTURE RESERVATION PRIORITIES

Your signature grants the camp management permission to subject any minor to medical care or hospitalization if such need arises and that you will not hold Ozark Family Camp, its directors, Bible Truth Fellowship, Inc. or Turkey Hill Ranch Bible Camp responsible for any injuries or treatment.

Please note that you are not registered until confirmed by the director of the week you have applied for.