

OZARK FAMILY CAMP

2017 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
July 29–Aug. 4, 2017 | Send to:
Dave Dillon, Director
4103 Orchard Dr.
Melbourne, FL 32940 |
| _____ Week 2
Aug. 5–11, 2017 | Brian Glaeser, Director
5025 70 St
Kenosha, WI 53142 |
| _____ Week 3
Aug. 12–18, 2017 | Eric Barker, Director
711 Bridge Street
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.