

PLEASE COMPLETE FORM FOR ALL CAMPERS AND
MAKE SURE YOU COMPLETE THE T-SHIRT SIZE
SECTION.

SCFWB Youth Camp 2024

Registration Application

PLEASE CHECK IF YOU ARE AN ADULT CHAPERONE

Applicant Information (COMPLETE FOR YOUTH & ADULTS)

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

GENDER: Male OR Female (PLEASE CHECK ONE)

AGE: Junior (8-12) OR Teen (13-18) (PLEASE CHECK ONE)

T-SHIRT SIZES: Youth Size _____ (S, M, L, XL) OR Adult _____ (S, M, L, XL, 2XL, 3XL, 4XL) (PLEASE COMPLETE)

Church Information (COMPLETE FOR YOUTH & ADULTS)

Name of Church: _____ Name of Pastor: _____

Parent/Guardian Information (COMPLETE FOR YOUTH)

Parent Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Camper's Pledge

I have read the guidelines outlined in the flyer and pledge myself to cooperate with everyone involved with this camp to make this the best camp experience possible and grow closer to the Lord.

Signature: _____ Date: _____

Instructions on Submitting Application

Mail your completed Registration Form, Medical Authorization and \$175.00 camp fee to:

SCFWB Youth Ministries
c/o Rev. Scott Ard
3663 Old Salem Road
Pamplico, SC 29583

Make checks payable to: SCFWB Youth Ministries

**ALL REGISTRATION FORMS AND ENTIRE CAMP FEE OF \$175.00 MUST BE RECEIVED BY JULY 15, 2024.
ANY CANCELLATIONS AFTER JULY 15, 2024, WILL INCUR A \$75 CANCELLATION FEE PER CAMPER/ADULT.
REGISTRATION DEADLINE WILL BE STRICTLY ENFORCED.**

Contact Information: Rev. Scott Ard/Phone: 843-687-6895 Email: preacherard@gmail.com