

CAMP BOOTHE CONFERENCE / RETREAT APPLICATION

P.O. BOX 240 GREENPOND, AL 35074
 THE CHURCH OF GOD OF PROPHECY CAMPING MINISTRY
 PHONE NUMBER (205) 938-2444

NOTE: Please complete an original application and send to the above address. Applications are 100% transferrable with current year or 80% refundable if notification is received by day of registration.

CAMPER INFORMATION

NAME OF CAMPER (Last, First, Middle Initial)	DATE OF BIRTH / /	AGE	GENDER (Circle One): M F
ADDRESS	Has the camper ever been convicted of a crime?		
CITY STATE ZIP	If yes, please explain:		
AREA / PHONE ()	Member or attend church at:		
CONFERENCE / RETREAT APPLYING FOR: (PLEASE CHECK ONE)	IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY:		
* WOMEN'S CONFERENCE <input type="checkbox"/>	Name:		
* MEN'S CONFERENCE <input type="checkbox"/>	Relationship:		
* SENIOR'S RETREAT <input type="checkbox"/>	Phone Number: ()		
* SEASON 5 (YOUNG ADULTS CONFERENCE) <input type="checkbox"/>			

* **YOU WILL NEED:** Bedding, Towels, Washcloths, Toiletries, Clothes, Shoes, Bible
 * **ITEMS NOT TO BRING:** Weapons, electronics, valuables, snacks/drinks, pets

I CERTIFY THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE TO THE BEST OF KNOWLEDGE. I UNDERSTAND THAT IN SIGNING THIS APPLICATION THAT I AM AGREEING TO ABIDE BY ALL THE POLICIES AND DISCIPLINE OF THE CAMP (REFERRING TO ALL CAMPS AND RETREATS SPONSORED BY THE CHURCH OF GOD OF PROPHECY), ITS ADMINISTRATION AND STAFF PERSONNEL. I ALSO UNDERSTAND THAT CAMP BOOTHE NOR THE CHURCH OF GOD OF PROPHECY ARE RESPONSIBLE FOR ANY VALUABLES AND/OR PERSONAL PROPERTY THAT MAY BE LOST OR STOLEN. CAMP BOOTHE RESERVES THE RIGHT TO UTILIZE ANY OR ALL PHOTOGRAPHS AND/OR VIDEO FOOTAGE TAKEN OF CAMPER OR STAFF MEMBER FOR PROMOTIONAL USE OR ADVERTISEMENT.

CONSENT & RELEASE STATEMENT

1. In the event that I, named above, become ill or injured while under the supervision of Camp Boothe, I authorize camp authorities to do the following:
 - a. In case of an emergency, camp authorities are authorized to use best judgment in contacting a physician or other health care provider and to authorize the provision of necessary medical, surgical, or other care;
 - c. By this CONSENT, I appoint the proper camp authority as my attorney-in-fact for the purposes herein stated.
2. I am attaching any special instructions, in regard to my allergies, medications, or specific needs, to this form.
3. In consideration of Camp Boothe, Inc. making available Camp Boothe and for the other benefits that I receive, I do hereby release and discharge The Church of God of Prophecy, Camp Boothe, Inc., Camp Boothe, its agenda, employees, and staff from all liability of any kind or nature, claim, demand or cause of action which might be asserted. I understand that this is a RELEASE and with that knowledge, I voluntarily sign it.

Camper (18 and older) Printed Name _____ Signature _____ Date _____

CREDIT CARD INFORMATION (We accept - Visa, MasterCard, Discover)

Type of Card (Circle One) Visa MasterCard Discover	Card Number:
Card Expiration: CVC Code:	Name as it appears on card:
Amt of charge \$	Address of billing statement:
Cardholder's Signature:	City, State, Zip

FOR OFFICE USE ONLY

REGISTRATION INFORMATION	TUITION
CAMPER'S NAME:	PAYMENT METHOD: ___ Cash ___ Check ___ Money Order ___ Credit Card
DATE APPLICATION RECEIVED / /	AMOUNT RECEIVED _____
CASH RECEIVED CHECK NO. & AMOUNT /	BALANCE DUE _____
MONEY ORDER NO. & AMOUNT / NAME ON CHECK	MISCELLANEOUS _____
	TOTAL RECEIVED _____