

ALACCA Bible Camp Adult Registration Form

PO Box 232, Grangeville, ID 83530

E-Mail: camp@alacca.org Phone: (208) 983-1188 Web Site: www.alacca.org

Please print clearly. Your information is very important to us!

Name/Date of Event: _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Male Female (circle one)

Birthday _____

Church _____ Pastor _____

Please list any allergies _____

If medical treatment is necessary by a certified First Aid person, a Nurse or Doctor, I hereby grant my permission. **Yes No** (Circle one)

Since all reasonable care is taken to insure the safety of individuals at ALACCA events at all times, I will not hold ALACCA, the Camp Director, or Board of Directors responsible for accidents on the ALACCA camp grounds or enroute to and from the camp property.

Guest/Participant signature _____

OFFICE USE ONLY

Registration Fee Paid _____ Cash _____ Check _____ Check # _____