



I AM sundayschool



Florida District United Pentecostal Church

PLEASE CIRCLE THE CAMP FOR WHICH YOU ARE APPLYING

Junior Camp (ages 9 & 10)

Crusader's Camp (ages 11 & 12)

June 12th – 16th

June 19th – 23th

Due Date: May 15

Due Date: May 22

Please PRINT or TYPE:

Church Name: _____

Church City: _____

Pastor's Name: _____

Church Phone #: (____) ____ - _____

Camper's Name: _____

Phone #: _____

Camper's Address: _____

Birthday Date: ____/____/____ Age (at start of camp): ____ Gender: ____Male ____Female

Emergency Contact

Parent's/Legal Guardian's Name: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

MEDICAL HISTORY: Please list any medical attention or medication needed during camp below.

Camp T-Shirt Order Form Included in Registration (Children's Sizes)

Size (circle one): S M L XL XXL

UPCI PASTOR'S CONSENT

I consent and approve of this young person attending Florida District UPCI Camp.

Pastor's Signature: _____

Date: _____

PARENTAL CONSENT

I hereby give my child permission to attend Florida District UPCI camp and state that he/she is to obey the camp rules, administration, and staff. In case of emergency, I authorize camp officials to provide and/or obtain medical treatment.

Parent's/Guardian's Signature: _____

Date: _____

CAMPER'S PLEDGE

I pledge to comply with all rules, regulations, and schedules of Florida District UPCI camp. I will obey and cooperate with the camp administration and staff.

Camper's Signature: _____

Date: _____

Pre-Registration Fee (Postmarked *by* the due date above) - \$125

Late Registration Fee (Postmarked *after* the due date above) - \$150

Submit forms and payment to:

Florida District United Pentecostal Church
Attention: Camps
5011 NW Gainesville Rd
Ocala, FL 34475