



BYRON BIBLE CAMP

ADULT PAPER REGISTRATION FORM

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Alternate Phone Number: _____

E-mail: _____

Camp or retreat you are registering for: _____

Church name & city: _____

Total Registration fee: \$ _____

Scholarships receiving (if any): \$ _____ from: _____

Gift for new facilities: \$ _____

Total Amount: \$ _____

Paid with Check - Check Amount \$ _____ Check # _____

Paid with Cash - Amount \$ _____

*Please fill out a registration form and medical release form for each person attending camp
Byron Bible Camp 40546 S. Shore Rd. Huron, SD 57350