## 1829 Colorado Camp 2022 Registration Form



**Balance Paid Date** 

Young Adults 18-29 years old (& 17 year old grads) \* July 16-23, 2022 a week of hiking & worshiping in the Rocky Mountain National Park. Text @bethel1829 to 81010 for info. Cost: \$1250 / \$250 deposit & application due 4/3/2022 / \$1000 balance due 5/15/2022



Participant's Name	me EXACTLY as it appear	s on trovol/flight ide	ntification (	nassnaut au duivau's l	ioonso)
Preferred Name		_		_	
Phone #	Email	· · · · · · · · · · · · · · · · · · ·			
000-000-0000 Date of Birth					
MM/I Emergency Contact Name & Phone #					
Pertinent Medical History/C					
Special Instruction for Above					
Known Allergies					
Current Medications (List &					
FILL IN THE CONTAC					<b>E.</b>
Doctor's Name		Phone			
Address	City	OLZ ATION	_State	Zip	
I hereby give permission doctor, hospital, or medical service it is understood that Bethel Baptist authorization document before any expense of emergency medical or superficipant for headache, fever on tifying Bethel Baptist Church of this event. I give permission to media such as newsletters, bulleting	for Bethel Baptist Church of to provide emergency medical Church officials will make a action will be taken. If it is rgical treatment. I give my au upset stomach with appro- ficials of any change in the he Bethel Baptist Church to inc	ficials to call a doctor l and surgical care for conscientious effort to not possible to locate thority and consent for priate non-prescription alth condition and me clude images of the pa	or emergency the participal locate the em emergency co or Bethel Baption medicine. I edications of the articipant in co	y medical service, and nt should an emergency contacts listed ontacts listed, I will accist Church officials to the assume all responsible participant in writing thurch-sponsored prometical prometics.	for the y occur. on this cept the reat the bility of g prior notional
Participant's Signature If Participant is under 18 y	vears of age at any time of	Dat	e eir legal gua	ordian must certify	the
abo	ve information & author	ization by comple	ting below.	ir aran muse cereny	the
Phone	Email				
000-000-0000 Signature					
Printed Name					
Deposit Paid Date		CE USE ONLY neck# ca	sh Amnt	Paid	

Method: check#

cash

**Amnt Paid**