

JOPLIN TEEN CAMP COUNSELOR APPLICATION

Camp is **June 11-15 & June 18-22, 2012!**

PLEASE CIRCLE THE WEEK YOU PLAN TO ATTEND!

Tell Us About You

Your Name _____ Home Phone _____ Cell Phone _____

Street Address _____ City _____ State _____ Zip _____

E-mail Address _____ Age _____ M _____ F _____
Gender

Church _____ Youth Leader _____ Church/Leader Cell Phone _____

Preferred roommates: _____

How did you hear about CTR? Website Friends Church Advertisement Other: _____

Medical Information

We understand you are not a minor and we do not need permission to treat you. However, if you were to be injured while at camp there is information our medical staff needs to know.

Allergies to medications, food, other: _____

List medication you use, prescription and other: _____

Are there health conditions we need to know about if you're unconscious? Examples: recent heart attack or stroke, diabetes, seizures, chronic conditions, etc. _____

Doctor's name and phone #: _____

Social Security # (it is one of the first things medical personnel ask for): _____

Registration Information

The total cost of attending Joplin District Teen Camp 2012 is **\$259**. **\$59 is due with this application.**

ALL FORMS ARE DUE JUNE 1, 2012. ALL PAYMENTS ARE DUE BEFORE THE FIRST DAY OF CAMP.

RETURN THIS APPLICATION AND ALL PAYMENTS TO YOUR LOCAL YOUTH PASTOR.

MAKE ALL CHECKS PAYABLE TO **JOPLIN DISTRICT NYI**.

ATTENTION Youth Leaders

Please send all applications and deposit checks for your group to CTR. Two weeks prior to June 1, 2012, send final payment checks and all remaining forms to CTR.

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God in Jesus Choice
Giving Students Jesus Christ