



Camp Peniel Bridle & Bibles Registration Form

Beginner

Circle One: *Tues. Thurs*

Intermediate

Wednesday Only

Advanced

Friday Only

Campers Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth: ____/____/____ Age: ____ Circle Gender: M F Grade _____

Church Attending: _____

Parent/Guardian: _____

Home No. (____) _____ Work No. (____) _____ Cell No. (____) _____

Email Address _____

Transportation is provided from Marble Falls.

Will you need Transportation from School? YES NO

Name of School: _____

In Case of Emergency Contact:

Name: _____

Home No. (____) _____ Work No. (____) _____ Cell No. (____) _____

Physician: _____ Phone: . (____) _____

Date of Last Tetnus _____

Special Medical Conditions: _____

\$125 Non Refundable, Non Transferable Deposit Due with Registration

\$125 Balance is due 1st Day of Class

Method of Payment:

Check # _____ Amount: _____

Credit Card No. _____ Expires _____

Amount to be charged: _____ Last set of number on back of card: _____