

PIBEL BIBLE CAMP WOMEN'S REGISTRATION FORM 2022

Online Registration is available at www.pibelbiblecamp.org

Early online registration discount is **ONLY** available for those who use the online form!

Camper Name _____ Email _____ check box to receive email newsletters

Mailing Address _____

City _____ State _____ Zip _____

Camper baptized by immersion? Yes / No

Select Shirt Size (Limited to supply on hand) **YS YM YL S M L XL XXL**

Women's Camp Prices

WHOLE WEEKEND **\$75** (\$65)

TWO DAYS **\$70** (\$60)

SATURDAY ONLY **\$60** (\$50)

FRIDAY ONLY **\$30** (\$20)

Price in () indicates Early & Online Registration Price (if submitted online and paid by August 15, 2022)

Camp Check-In is from 4:30-6:30pm on September 9.

Camp concludes on September 11 @ 12pm (NOON)

Please Select the option you are planning on Attending:

Whole Weekend **Two Days** **Saturday Only** **Friday Only**

If you are filling this form out and mailing in, please utilize the "full" registration fee as your "cost".

AMOUNT BILLED TO CHURCH \$ _____ **Church Name** _____
Please verify your church's policy on camp scholarships as policies may have changed!

TOTAL AMOUNT OWED \$ _____ *(full fee listed above, minus amount billed to church)*

AMOUNT PAID TODAY \$ _____

AMOUNT TO BE PAID LATER \$ _____ *(at registration)*

Forms & Payments may be sent to:

Pibel Bible Camp | 609 Alma St. | Laurel, NE 68745

Scan this code to go to pibelbiblecamp.org



Health Information

Medication Notice: All medication must be turned over to the camp nurse at registration. Prescriptions must be in their original containers with dosage, instructions, and name of camper, doctor, and medication.

***Camp staff may not be equipped to care for all special needs, if your needs require additional care or attention, please contact the dean(s) to ensure adequate arrangements can be made.

Food & Drug Allergies _____

Medications used _____

Recent or ongoing medical issues? _____

Emergency Contact _____ Relationship to Camper: _____ Phone _____

Add. Emergency Contact (optional) _____ Relationship to Camper: _____ Phone _____

Medical Insurance Provider _____ Policy #'s _____

Participation Release Form

In signing this document, I hereby certify that I am willingly participating in the camping program of Pibel Bible Camp.

I hereby release and agree with Pibel Bible Camp that we will never individually or as legal guardians of the individual indicated in this form, institute any action at law or in equity for injury including, but not limited to, the following: sickness, exposure to infections/communicable disease, bodily injury, death, emotional injury, personal injury, real or personal property, caused by Pibel Bible Camp, its successors and legal representatives.

I authorize Pibel Bible Camp to use photographs or video of me in camp promotion and publicity, including printed materials, online, and videos.

I hereby give permission to Pibel Bible Camp to secure medical and surgical treatment and routine medical care including dispensing aspirin, ibuprofen, or acetaminophen) for me while at camp. I further agree to assume responsibility for all medical bills incurred, if any, pursuant to this authorization.

List any exceptions to the above permissions here:

Name	Signature	Date
_____	_____	_____

**If you have any questions concerning registration and this form, please contact RuthAnn Schilousky.
Home phone: 402-256-9650 or Email: registration@pibelbiblecamp.org**

**Please visit www.pibelbiblecamp.org for information every camper needs to know to prepare for camp!
Also, PLEASE reference our DRESS CODE online when packing clothes!**

What to Bring:

Bible, Bedding, Towels, Wash clothes, Flashlight, Toiletries, Clothing, Etc.

OPTIONAL: Lawn chair

We hope that every church would consider bringing a few Gift Baskets to be auctioned for our Missions project, Miriam's Hope

Also Welcomed:

Garden Produce, Snacks to share, money for offering (taken at each service) Songs, Poems, or skits for talent show.