

2019 Sponsor Registration

(One form per sponsor or married couple.)



Week Attending

Teens: <input type="checkbox"/> Teen Week 1 — June 17-21	<input type="checkbox"/> Teen Week 2 — July 15-19
Juniors: <input type="checkbox"/> Junior Week 1 — June 10-14	<input type="checkbox"/> Junior Week 2 — June 24-28 <input type="checkbox"/> Junior Week 3 — July 8-12

Sponsor Information

Name: Last		First	
Spouse (if coming): Last		First	
Address	City	ST	ZIP
Email	Phone		
Church attending with:		City	ST

Insurance

Note: All attendees are under an accident insurance policy on campus. Coverage is an Excess Plan. All claims will first be submitted to the attendee's insurance carrier.

Name	Ins. Policy Holder's (if different)
Insurance Company Name	Policy #
Insurance Co. Address	
Immunizations <input type="checkbox"/> DPT <input type="checkbox"/> MMR <input type="checkbox"/> Smallpox <input type="checkbox"/> Whooping cough <input type="checkbox"/> Hepatitis <input type="checkbox"/> Tetanus Date ___/___/___ <input type="checkbox"/> Other _____	
Notes:	

I understand the following

Campers and Sponsors are expected to cooperate in activities, and abide by camp policies of conduct and attire. The camp reserves the right to dismiss campers who fail to follow these guidelines. I give permission for my child to participate in all on-site activities. Photos or videos of my child can be used for promotional purposes without remuneration. I understand that Hoosier Hills Baptist Camp is a Christian camp where Christian principles will be taught. I understand that camp will provide medical care to my child for injuries or illnesses, that camp reserves the right to bill me for excessive medical supplies, and that all off-site medical expenses will be directed through the parent's health insurance policy. I understand that camp coverage is an Excess Plan. In case of a medical emergency, I understand that every reasonable effort will be made to contact me. If I cannot be reached, I give permission to secure reasonable medical treatment. I understand if my child has a communicable disease, sickness, or lice and/or nits, the camp reserves the right to take appropriate precautions, including dismissal.

Sponsor Signature _____ Printed Name _____ Date _____

Cost and Lodging

Cost: (select one)

- Individual \$100
- Married Couple \$200

How are you paying?

- Through my church (**recommended**). Submit this completed form and payment to your church. Church will make group payment to camp.
- As an individual. Pay directly to the camp by cash or check. Mail this completed form and payment to: Hoosier Hills Baptist Camp, PO Box 237, Dillsboro, IN 47018 . Attn: Registration.

Lodging: (select one)

- With campers
- In separate housing

We cannot guarantee separate housing. Requests are honored on first-come, first served basis.

\$ _____ Total Payment Included with this form.

Note: Bedding is not provided by camp. Please bring separate bedding.