

Carolina Ministries **KIDS** Camp Registration Form

Church Name _____ Phone (____)____-_____

Contact Name _____ Phone (____)____-_____

Contact Email _____@_____._____

Camper Names

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
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Counselor's Names (you MUST have one counselor for every EIGHT kids)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Number of kids and counselors _____ x fee \$ _____ = total enclosed \$ _____

Cost is \$180 if postmarked by May 31st. Cost is \$200 if postmarked after June 1st.