

**OFFICIAL REGISTRATION FORM - 2018
 STATEWIDE HAITIAN YOUTH CAMP**
 Please print and return completed form

Name: STATEWIDE HAITIAN YOUTH CAMP **Age Group:** 13-18 Years Old and are still be in High School.
Date: Friday, June 22nd to Monday, June 25th, 2018 **Location:** Lake Yale Baptist Conference Center
Check-in will begin at 4:00pm on Friday, June 22nd, 2018. Every student MUST be registered and are within the appropriate age group!

CAMP RULES AND REGULATIONS MUST BE SIGNED BY BOTH PARENT/LEGAL GUARDIAN AND PASTOR

Participation Fees: (Includes FREE Lodging, Meals, Indoor/Outdoor Activities, and Program). Camp T-Shirt: \$10.00 Each.

*** Main Registration: \$175.00 Per Person, if registered BEFORE MAY 25th, 2018.

*** Late Registration: \$200.00 Per Person, if registered AFTER MAY 25th, 2018.

*** **Registration will be accepted until, June 4th, 2018, depending on availability. (Register early as place is limited).**

Registration will NOT be accepted at "Lake Yale". You may download the form online from www.flbaptist.org and simply fill out this application and mail it along with your payment to the provided Convention address.

Church Leader/Parent

Last Name: _____ First Name: _____
 Address: _____ City: _____ Zip Code: _____
 Phone: _____ Email: _____

Church Information

Church Name (No abbreviations): _____
 Church Address (Include City/Zip): _____
 Senior Pastor's Name (Last, First): _____
 Pastor's Contact Information: _____

Counselors: Church is required to send One adult counselor for every group of 10 students (Male counselor for male students and female counselor for female students). Level 2 background check is REQUIRED for all counselors and MUST be at least 21 Years Old.

Counselor's Information: *(Please fill out appropriate section on the back of this form and provide proof of valid background check).*

Student's Information: *(Please provide list of all students on the back of this form and assign to their appropriate counselors).*

Total of people attending: _____ (#Adult Counselors: _____ #Students: _____) **Total Cost: \$** _____

PAYMENT INFORMATION:

Please make CHECKS payable to **FLORIDA BAPTIST CONVENTION** and send payment along with all completed forms to **140 EAST 7TH STREET, HIALEAH, FL 33010** or email to Donatha Norde at dnorde@flbaptist.org.

If you wish to pay with credit card, please complete the information below:

Cardholder's Name: _____ Circle one: VISA - MasterCard - Discover
 Cardholder's Billing address: _____ City _____ State _____ Zip Code _____
 Credit Card Number: _____ - _____ - _____ Exp. Date _____ Security Code _____

Cancellation: *If unable to attend for any reasons and wish to cancel after having registered, a WRITTEN request must be submitted to Donatha Norde at dnorde@flbaptist.org at least two weeks prior to the event.*

Signature: _____ **Date:** _____

LIST OF STUDENT PARTICIPANTS

Please provide the names of all students along with their appropriate adult counselors. One female counselor is required for 10 female students, and one male counselor is required for 10 male students. Register early as rooms are limited!

FEMALE COUNSELOR WITH FEMALE STUDENTS

Female Counselor

Last Name: _____

First Name: _____

Birthdate (Month/Day/Year): ___/___/___ Age: ___ Sex: ___

Background Check: Yes No Date Completed: ___/___/___

Female Students

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Note: Please make sure that each student along with parent/guardian provide a completed and signed copy of their CAMP Release Form.

MALE COUNSELOR WITH MALE STUDENTS

Male Counselor

Last Name: _____

First Name: _____

Birthdate (Month/Day/Year): ___/___/___ Age: ___ Sex: ___

Background Check: Yes No Date Completed: ___/___/___

Male Students

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Note: Please make sure that each student along with parent/guardian provide a completed and signed copy of their CAMP Release Form.