



Morning Star Bible Camp

Family Camp Registration Form

One Form Per Family – Please Print

Family Camp 1st 2nd

Family Name:

Father: Medical #.....

Mother: Medical #

Children:

Name:	Medical #	Age:	M/F

E-Mail address:

Mailing Address:

City:.....

Province: Postal Code:

Home Phone: (.....)..... Work Phone: (.....)

Cell Phone: (.....).....

Sleeping accommodation required: Yes No

Amount enclosed with application: \$