

Part 1

Instructions

Please read everything carefully before completing this registration form. Only part 2 of this form needs to be turned in.

Camp Terms

There are six incredible weeks of camp to choose from, but that's not all! We've added on extra days to Week 6! We call it CB Extra and have filled the extra days with some surprises! We'll have extra fun, and have some extra chill time included. Pick the week that works for you!

Cost

The cost of Weeks 1 - 5 is \$380 if paying with cash or check and the cost of CB Extra is \$549.

Payment Options

There are 3 options to pay for Camp Bahamas Summer 2019.

1. Turn in this form with payment cash or cheque to Grace Community Church (394-7223) If paying with a check Please make all checks payable to Camp Bahamas Ministries. Unfortunately, we do not accept post-dated checks.
2. Pay online at <http://www.campbahamas.com> There is an additional \$15 fee for this option.
3. Direct deposit via RBC acct: Camp Bahamas Ministries.
Branch #05805 / Acct. #1001361 *You must notify Camp Bahamas when making bank deposits at campbahamas@coralwave.com.

You can contact the Camp Bahamas team with any additional questions you may have. Call the Camp Office at 242-225-6666 or 242-557-7574. We look forward to spending the summer with your camper!



Part 2

Circle Your Preferred Week

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Ages 8-10	Ages 11-18	Ages 11-18	Ages 11-18	Ages 11-18	Ages 11-18
6/30 - 7/5	7/7 - 7/12	7/14 - 7/19	7/21 - 7/26	7/28 - 8/2	8/4 - 8/13

Space is limited to 50 boys & 50 girls per week and are assigned on a first come, first served basis.

Circle only **one** Sports Specialty Option, "Basketball A, Basketball B, etc"

OPTIONS ⇒⇒⇒	Basketball A	Basketball B	Soccer A	Soccer B	Baseball A	Baseball B	Volleyball A	Volleyball B	All Sports A
Top choice:	Basketball	Basketball	Soccer	Soccer	Baseball	Baseball	Volleyball	Volleyball	Basketball Soccer Baseball Volleyball
2nd choice::	Soccer	Baseball	Basketball	Volleyball	Basketball	Volleyball	Soccer	Baseball	

Circle at least **5** Electives:

Boxing	Zipline	Archery	Lacrosse	Sailing	Paintball	Thrill Hill	Guitar	Keyboard
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CAMPER INFORMATION

Name: _____ Age: _____ Gender: M/F
 Birthdate: Month _____ Day _____ Year _____ School: _____
 Church: _____ Island: _____
 Email _____ Medications/Allergies: _____
 Additional info. that might assist in our role at Camp:

PARENT/GUARDIAN INFORMATION

Name _____ Phone _____ Email _____

We agree to abide by all rules and regulations set out by Camp Bahamas Ministries, agreeing to the early return of the camper in instance of disregard of policies or sickness. I give permission to administer medical attention to the camper if necessary. I also release Camp Bahamas Ministries, staff, volunteers and directors of any liability.

Parent/Guardian: Print Name _____ Signature _____
Camper: Print Name _____ Signature _____

* [For packing lists, travel information and online payments, please visit: http://www.campbahamas.com](http://www.campbahamas.com)