



2010 Registration for Covenant Point VENTURE OUT WOMEN'S BACKPACK

358 W. Hagerman Lake Rd.
Iron River, MI 49935
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Please complete this form, and mail it with a \$75 non-refundable deposit or fax it to camp. Please make checks payable to Covenant Point Bible Camp.

Summer 2010 Registration

First Name _____ Last Name _____ Birth Date _____
 Address _____ City/State/Zip _____
 Home Phone _____ Emergency Contact & Phone _____
 Insurance Co. _____ Policy # _____
 email _____

My signature below indicates I can engage in all camp activities or surgical treatment including ordering x-rays or routine tests. and off camp grounds, to be transported, and to participate in out I agree to the release of any records necessary for insurance and field trips off Covenant Point grounds. I understand that du purposes. I give permission to the camp to arrange necessary this travel off of camp grounds I will be under the supervision o related transportation for me. I hereby give permission to the group leaders from Covenant Point Bible Camp. I hereby physician selected by the camp to secure and administer permission to the camp to provide routine, non-surgical medical treatment, including hospitalization, for myself. I also give dispense prescribed medications, and seek emergency medical permission for any photographs to be used in future promotional materials. This completed form may be photocopied for trips out of camp.

Signature _____ Date _____
 Printed name _____

Includes three nights and four days.
Backpacks, tents, cooking gear and food will be supplied by Covenant Point.

Camp Fee	
Deposit (\$75.00)	
BALANCE DUE	

Please select the camp you wish to attend.

PV80 Aug. 9 – 12 Camp Fee \$260.00

Any balance should be paid two weeks before the start of the trip.