358 W. Hagerman Lake Rd. Iron River, MI 49935 Phone: 906.265.2117 Fax: 906.265.5123 www.cpbc.com | cpbc@cpbc.com

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.

First Name	_Last Name	lame Birth Date			
Address	City/State/Zip				
Home Phone	Emergency Contact Name & Phone				
Email		Dietary Restrictions (Call or email with details, please)			
nsurance Company		Policy #			
Please select the camp you wish to attend: PV50 July 16 – 19 Camp Fee \$255 PV90 Aug. 13 - 16 Camp Fee \$255		Please make checks	s payable to Covenar	() Discover	
Includes three nights and four days. Backpacks, tents, cooking gear and food will be supplied by Covenant Point Bible Camp.		I agree to pay full of Signature Trip Fee (\$255.0			
		Deposit Due (\$75	-		
		Balance Due			
My signature below indicates I can engage outings and and field trips off Covenant P supervision of the group leaders from Co surgical medical care, dispense prescribed or routine tests. I agree to the release of necessary related transportation for metreatment, including hospitalization, for materials. This completed form may be p Signature	oint grounds. I venant Point Bil I medications, and f any records ne I hereby give pomyself. I also hotocopied for t	understand that during ble Camp. I hereby give he seek emergency med cessary for insurance purmission to the physicial give permission for another properties out of camp.	this travel off of can e permission to the c ical or surgical treatures. I give perm an selected by the can	np grounds I will be under to camp to provide routine, no ment including ordering x-ra ission to the camp to arran amp to secure and administ e used in future promotion	