

Western Buckeye Christian Service Camp

Camper's Name

Address

City

State

Zip

Camper's e-mail

Birthday Male Female

Parent/Guardian

Home Phone#

Emergency #

Camper's Pick-up Person

Church Name & Town

Church pays \$

Church Representative (if church pays any)

Week of camp

of Canteen Cards ___ X \$7.50 each _____

If paying with Credit Card

Card #

Exp. Date