# Bay Shore Camp Registration Form

You may request TWO bunk buddies
_____
_____

Camper Name _____ Male Female

Camper Birthdate _____/_____/____ Grade _____ in September.

Parents Name _____

Mailing Address _____Home phone: (____) _____

City _____ State _____ Zip _____ Parent's work phone: (____) _____

Home Church_____

Name of Camp_____ Event # BSC _____ Starting Date_____

T-shirt Size: Youth Size: S___ M___ L___ Adult Size: S___ M___ L___ XL___ Other:_____

Must be signed: IN AN EMERGENCY, I grant permission to Bay Shore Camp to secure emergency, surgical treatment and/or routine medical care for the person named on this form while at camp. This person may participate in camp activities and photographs of same may be used for camp publicity.

_____ (Signature of parent/legal guardian or camper if 18 or older)

Please charge $ _____ to my VISA MASTERCARD DISCOVER
Please be sure to list all 16 digits and month/year of expiration date.

___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/

Exp. Date ___/___ Security Code ___/___ /___

Cardholder Signature _____

Camp Cost_____

Membership Church discount $10.00

Amount enclosed/authorized_____

**A $50 non-refundable deposit is required.**
If possible, please pay in full to minimize paperwork.

Make check/money order payable to and mail to:
BAY SHORE CAMP
P O Box 624
Sebewaing MI 48759