

Please mail this application to 334 East Kearney, Springfield, MO 65803-3018

Application For Happy Hollow 2019

Early registration is encouraged

Last Name _____ First _____ Sex _____ Dob ____/____/____

Address _____ City _____ State _____ Zip _____

Grade (Last Year) _____ Phone(_____) _____ Email _____

Church Preference _____ Member Yes No

My Home Congregation Is _____

I Have A Parent Who Is A Staff Member No Yes, Parent's Name/Session _____

(Check One)

- I've enclosed \$135 for fully paid, Overnight session
 I've enclosed \$75 for fully paid, Day camp session

Scholarship money from congregations MUST be sent with the application for the specific camper or campers.

Unfunded applications may be returned and may result in the camper not getting into their desired session

I Paid with **PayPal** Confirmation Numbers _____

(Check a session)

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 st Overnight, (Romo) | <input type="checkbox"/> 2 nd Overnight (Sullins) | <input type="checkbox"/> 3 rd Day Camp (Buckner) |
| <input type="checkbox"/> 4 th Overnight (Baggett/Stockstill) | <input type="checkbox"/> 5 th Overnight (McNeese) | <input type="checkbox"/> 6 th Day camp (Heavin) |
| <input type="checkbox"/> 7 th Day Camp (Kibby) | <input type="checkbox"/> 8 th Overnight (Morrison) | <input type="checkbox"/> 9 th Overnight (Green) |

Your medical insurance company _____

policy/group# _____

For insurance purposes, all camp staff and their children need to fill out an application.
One child admission free per staff parent at same session.

Fees for all night sessions include daily canteen and any craft activities.

Important note to parents or legal guardian

(You must sign this part of the application before it is considered complete)

It is agreed that the camp is released from liability in connection with medical administration except as covered by camp insurance. All medical claims must be filed with the camper's personal insurance, if insured; then filed on camp hospital insurance for balance or difference. Our medical insurance for campers and counselors covers ONLY what your private insurance does not pay. However, it will not pay any of the deductible of your policy.

(Parent or Guardian's signature)

Happy Hollow Bible Camp has my permission to use photographs of my child or children in all of our promotional materials. (Must be signed by legal parent or guardian of the child listed on this application)

(Parent or Guardian's signature)

(Date)

Happy Hollow T-Shirt Order Form New for 2019

T-shirts are included in the camper fee! A complete order form **must** be received two weeks prior to the start of the session week. Shirts will be passed out at your session. No exchanges can be made, so pick your size carefully! **If you are staff and want a shirt you need to fill out the form as well.**

Name _____ Phone _____

Children's sizes: Circle one: M L

Adult Sizes: Circle one: S M L XL XXL XXXL

(No other sizes available)

FIRST SESSION ATTENDING CIRCLE ONE

1 ST	2 ND	3 RD	4 TH	5 TH	6 TH	7 TH	8 TH	9 TH
Romo	Sullins	Buckner	Baggett	McNeese	Heavin	Kibby	Morrison	Green

(PLEASE COMPLETE MAILING LABEL BELOW)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____