

Please mail this application to PO Box 573 Strafford, MO 65757

## Application For Happy Hollow 2024

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 \$150 for fully paid, Overnight session

\_\_\_\_ I've enclosed \$80 for fully paid, Day camp session

\_\_\_\_ I've included \$60 for the Girls only 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*

Note: Camper reservation of session is not complete until payment is received.

**Camper attend at their own risk. HHBC is not responsible or liable for COVID-19 illness due to attendance**

### Check Session attending

\_\_\_\_ 1<sup>st</sup> Overnight, (Hampton)

\_\_\_\_ 4<sup>th</sup> Overnight (Baggett)

\_\_\_\_ 7<sup>th</sup> Overnight (Romo)

\_\_\_\_ 10<sup>th</sup> Overnight (Green)

\_\_\_\_ 2<sup>nd</sup> Day Camp (Buckner)

\_\_\_\_ 5<sup>th</sup> Overnight (McNeese)

\_\_\_\_ 8<sup>th</sup> Overnight (Heavin)

\_\_\_\_ 11<sup>th</sup> Overnight (Zerby)

\_\_\_\_ 3<sup>rd</sup> Overnight (Sullins)

\_\_\_\_ 6<sup>th</sup> Day Camp (Kibby)

\_\_\_\_ 9<sup>th</sup> Overnight (Morrison)

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 application before it is 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 2024

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.**

(only one t-shirt per camper/staff per year, even if you attend more than one session)

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 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>	6 <sup>TH</sup>	7 <sup>TH</sup>	8 <sup>TH</sup>	9 <sup>TH</sup>
Hampton	Buckner	Sullins	Baggett	McNeese	Kibby	Romo	Heavin	Morrison
			10 <sup>th</sup>		11 <sup>th</sup>			
			Green		Zerby			

(PLEASE COMPLETE MAILING LABEL BELOW)

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_