

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

Application For Happy Hollow 2026

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 \$165 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

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

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

Check Session attending

<input type="checkbox"/> 1 st Overnight, (Thrasher)	<input type="checkbox"/> 2 nd Overnight (Hampton)	<input type="checkbox"/> 3 rd Dy Camp (Buckner)
<input type="checkbox"/> 4 th Overnight (Livingston)	<input type="checkbox"/> 5 th Overnight (Sullins)	<input type="checkbox"/> 6 th Overnight (Baggett)
<input type="checkbox"/> 7 th Overnight (McNeese)	<input type="checkbox"/> 8 th Overnight (Romo)	<input type="checkbox"/> 9 th Day Camp (Kibby)
<input type="checkbox"/> 10 th Day Camp (Heavin)	<input type="checkbox"/> 11 th Overnight (Morrison)	<input type="checkbox"/> 12 th Overnight (Green)
<input type="checkbox"/> 13 th Overnight (Zerby)		

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 _____

(Parent or Guardian's signature) _____ Date _____

Happy Hollow T-Shirt Order Form New for 2026

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 ST Thrasher	2 ND Hampton	3 RD Buckner	4 TH Livingston	5 TH Sullins	6 TH Baggett	7 TH McNeese	8 TH Romo	9 TH Kibby
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10 th Heavin	11th Morrison	12th Green	13th Zerby
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(PLEASE COMPLETE MAILING LABEL BELOW)

NAME_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____