

WCBA 2024 Youth Camp Registration Form

Church Information

- Church Name: _____
- Church Address: _____
- City: _____
- State: _____
- Zip Code: _____
- Church Contact Number: _____
- Church Email Address: _____

Leader Information

- Primary Leader Name: _____
 - Role/Position: _____
 - Contact Number: _____
 - Email Address: _____
- Additional Leader(s): [You can add multiple entries here with the same details as

Camp Attendees Information

- Number of Girls Attending: _____ x \$150 = _____
- Number of Boys Attending: _____ x \$150 = _____
- Total Number of Leaders Attending: _____ x \$0 = _____
 - Total Cost = _____

Additional Information

- Special Requests/Notes: [Here, include any dietary restrictions, medical needs, or other accommodations necessary for your group]