

THEBOGG.COM JULY 8-12, 2024 FIVE DAYS/FOUR NIGHTS FOR ONLY \$205

GUEST SPEAKER GUEST MUSICIANS



Mitch Neldon

Our guest speaker is the pastor at Southbridge Fellowship in Raleigh, NC. No doubt you will be inspired to grow in your spiritual journey and be challenged to live a Gospel centered life.



RNWN WRSHI

Renown Worship will turn your attention toward God through musical worship. The bands' acoustical style will be the icing on your spiritual cake this week!







WE NEED THIS STUFF...

CAMPER REGISTRATION FORM MEDICAL AUTHORIZATION & PHOTO CONSENT

CAMPER INFORMATION

NAME:
ADDRESS:
CITY, STATE, ZIP:
PHONE: () AGE: SEX: M / F GRADE JUST COMPLETED: T-SHIRT SIZE:
DOB:/ AGE: SEX: M / F
GRADE JUST COMPLETED:T-SHIRT SIZE:
CHURCH ATTENDING WITH:
IN CASE OF EMERGENCY, CONTACT:
NAME:
PHONE: ()
ALT PHONE: ()
NAME:
PHONE: ()
ALT PHONE: ()
Has camper recently been under a doctor's care? YES / NO
Are there any allergies or special health problems of which the medical staff should know?
If yes, please attach a sheet with description.
CONSENT FOR MEDICAL TREATMENT: I give my full permission for my son/daughter/legal ward attend camp and to take part in all activities. He/she will not attend if he/she has been exposed to ontagious disease, or if he/she is not in good physical condition. I do not hold the camp personnel sponsor responsible for any accident or illness and, if necessary, authorize the camp personnel or sponsors to take my child to a medical facility. I also give my full consent for the medical facility elected to render professional services to my child if he/she becomes ill or is involved in an accider further give my consent for my child to be photographed and/or filmed for the purpose of the can video, printed publications, and camp website. HEALTH INSURANCE COMPANY: GROUP # GROUP #
POLICY # GROUP #
INSURANCE COMPANY PHONE NUMBER: ()
Parent / Guardian Signature & Date

Parent / Guardian Signature & Date

...JUST IN CASE