



## Camp Acts 20:35 Registration

Attending As:  Adult  Guardian  Youth

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Church: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

[If Youth] Sponsor Name: \_\_\_\_\_

[If Guardian] Youth Supervising: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Camp Accommodations

**RV/Trailer Site** – Select RV Needs.

Power/Water

Water

Nothing

**Tent**

**Stay in Hogan**

Two bunk rooms with 6 or 8 plywood bunks per room and a common area in between. Bring own foam pad or air mattress.

**Stay in Cabin**

Bunks with mattresses. Bring own bedding.

**Stay in Retreat House**

Bunks with mattresses. Bring own bedding.

Please mail the registration forms to:  
Camp Walter Scott  
15290 E 300th Avenue Dieterich, IL 62424