



# YOUTH Camper Registration Form

**CHOGAR Camp Dates: July 30<sup>th</sup> – August 3<sup>rd</sup>, 2023**

**For Questions & Information Contact: Jeff Irving 501-690-4435 or**

**Email [imaginefitness@att.net](mailto:imaginefitness@att.net)**

**For Registration Questions: Rachael Blasingame @ 501-317-6446**

Registration Date:	Price:	Age Group
Early Bird Deadline June 1, 2024	\$\$100.00	6 <sup>th</sup> – 12 <sup>th</sup> Grade
Final Deadline June 30, 2024	\$\$120.00	

Camper's Name: \_\_\_\_\_ Home Church: \_\_\_\_\_  
(first name) (last name)

Birth Date: \_\_\_\_\_ : \_\_\_\_\_ Female: \_\_\_\_\_ T-Shirt Size: (circle one) S M L XL 2X 3X  
mm/dd/yy Adult Size

Circle the grade Camper has just completed this School Year 2023/2024:

6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

### CAMPER INFORMATION:

PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

### FAMILY INFORMATION:

Parent's Name: \_\_\_\_\_ Parent's Mobile Number: \_\_\_\_\_  
(first name) (last name)

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_  
(Other than Parent) (NAME) (RELATIONSHIP) (PHONE NUMBER)

Do you have any siblings who will be attending CHOGAR Children/Youth Camp? Yes No **List name(s) and grade**

### CAMPER CONDUCT:

Will you, the camper, conduct yourself in a manner that is respectful toward counselors, staff members and your fellow campers?  
Yes No (Circle one)

Do you, the camper, understand that your parent/guardian may be contacted to collect you for any inappropriate behavior?  
Yes No (Circle one)

Do you, Parent/Guardian, understand that you may be contacted to collect your child(ren) for any inappropriate behavior?  
Yes No (Circle one)

Camper Signature \_\_\_\_\_  
(Camper Signature) (Date)

Parent/Guardian Signature \_\_\_\_\_  
(Parent/Guardian's Signature) (Date)

Pastor's Signature \_\_\_\_\_  
(Pastor's Signature) (Date)

PAYMENT INFORMATION  Check Enclosed \*Make checks payable to Church of God in Arkansas  Cash Enclosed

Mail Registration to: Rachael Blasingame, 846 Breckenridge Dr., Benton, AR 72019 or Email to [rablasing75@gmail.com](mailto:rablasing75@gmail.com)