

**Please Print, Complete, and Send  
the Below Registration Form & Fee to :**

**Mr. Larry Betts  
3752 Beeman Hollow Road  
Addison, NY 14801-9712**

**Make Checks Payable to :  
Corning Area Bible Club Camp**

\*Registration Fee is not refundable

\*Rules of acceptance in the program  
are the same for everyone without  
regard to race, color, or national  
origin.

**CAMP COST  
Teen or Junior Week**

**Registration - \$100.00  
Camp Fee - \$125.00  
Total - \$225.00**

**Family Discounts  
2nd camper - \$215.00  
3rd camper - \$205.00**

**Subtract \$10 by Paying in Full by July 1st**

**What to mail : Registration form, signed  
release form, and \$100.00 check. Once registration is  
received, you will be mailed information with details  
pertaining to your week of camp.**

**Scholarships applications are available to those with  
financial needs. Request your application by phoning:  
Gary Bonning - 607 654-7315  
Larry Betts - 607 527-8323**

**Junior Camp - ages 8 - 12  
August 6-11  
Speaker  
Al Terhune**



**Teen Camp - ages 12 & up  
August 11-16  
Speaker - Nate Cooper**

## 2012 Camp Registration Form

**Junior Week - August 6 - 11 Speaker will be Al Terhune**  
**Teen Week - August 11 - 16 Speaker will be Nate Cooper**

Name \_\_\_\_\_

Sex:  Male  Female  
 Teen Camp  Junior Camp

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Camper's Age \_\_\_\_\_

Friends you would like in your cabin, please list only two, we will do our best to accommodate requests, but we can not guarantee room assignments.

1) \_\_\_\_\_ 2) \_\_\_\_\_

Do you attend a church? Yes / No If yes, where? \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

### PARENTAL / GUARDIAN RELEASE

The undersigned, intending to be bound hereby, realizing it is the camp's desire to give each camper a safe and beneficial stay, and realizing each camper is covered by a reputable insurance plan, releases Corning Bible Camp and all individuals associated therewith, for any and all liability for an injury or damage which may be sustained by the undersigned and/or child of or property of the same at or transit to or from Corning Bible Camp activity or under the auspices of the Corning Bible Camp. In case of emergency, I hereby authorize Corning Bible Camp to release to a doctor or hospital they select any health information necessary to obtain care. I also give permission to the selected physician to hospitalize, secure proper treatment for, and to order injection or surgery for my child as named on the reverse side of this card.

Signed \_\_\_\_\_ Date    /    /2012

Emergency Contact : Name \_\_\_\_\_ Phone \_\_\_\_\_