

**COCOLALLA LAKE BIBLE CAMP'S
Weekend Retreat/Camp
Registration Form:**

Circle your camp choice below:

Winter	Stamp	Scrapbook: Spring
		Fall
Women's	Quilt: Spring	Backpack: Spring
	Fall	Summer
Men's	Youth: Spring	Summer Intermediate
	Fall	
Family		

Pre-register by sending in **\$15** to secure your place. This is a non-refundable fee (that is applied to the cost of the camp.) Checks payable to **CLBC** (Cocolalla Lake Bible Camp.)

Send your check and registration form to:

**Cocolalla Lake Bible Camp
P.O. Box 106
Cocolalla, ID 83813**

Camper Information:

Name _____ Age (minors only) _____

Address _____

Phone _____

Email _____

Church Affiliation _____

Emergency Contact & Phone Number _____

Medications (minors only) _____

Food Allergies _____

Recent Physical (minors only) _____ Tetanus shot (minors only) _____

Insurance & Policy # (minors only) _____

IN CASE OF EMERGENCY

I understand that after every effort is made to contact me and I can't be reached, I hereby give permission to hospitalize, secure proper treatment, or to order injection, anesthesia or surgery for my child as named herein.

Parent/Guardian Signature & Date _____

Full pricing & registration available online at www.clbcamp.org or call the camp office: **208-263-3912**.