

Registration directions:

- 1) Print this page and the registration form
(Go to File then Print or ctrl + P)
- 2) Fill in the required information.
- 3) Do not forget to sign form
- 4) Return this form with your Registration deposit of \$30.00 (Do not send cash) per camper per week

If you need more space then provide you may continue on back of registration form. You may make as many copies of this form as you may need.

Thank you for choosing Conestoga Bible Conference! Please keep this work in your prayers that God may bless the work.

Registration Form

Name _____

Address _____

Telephone #

Home (____) _____ - _____

Work (____) _____ - _____

Cell (____) _____ - _____

Church _____

Bunk Requests _____

CAMP FEE

\$ 120.00 / week / camper
- 30.00 Deposit
(Nonrefundable due by June 30th)
\$ 90.00 Final payment

Make Checks Payable to:
Conestoga Bible Conference

Check here if you need directions info

As a delegate I promise to abide by the
camp standards and obey all camp rules

Delegate Signature

Parent/Guardian Signature
Note- Behavioral Agreement will be sent with
Conformation letter

Conference facilities

The camp provides dormitory style
rooms complete with bath facilities and
electricity.

The commercial sized Kitchen is
accommodating to meal preparations
of up to 200 campers

Nestled in the rolling hills, the camp
affords a variety of activities such as
horseback riding, ropes course, hiking,
canoeing, archery, an on site pool and
gymnasium.



Theme – Living For King Jesus
Date – July 4-8: 2005
Grades 6th - 9th optional)

Send Registrations to
Conestoga Bible Conference
P.O. Box 205
Quarryville, Pa 17566
Info: (856) 783-2127 (leave message)

Our Program includes:
Music, Planned activities,
Counselor led devotions,
Camp Fire

COME JOIN THE FUN

Upcoming Conferences

Fall Bible Conference Date: Nov. 4-5
Winter Conference Date: TBA

Medical Release

In the event of an emergency, I hereby
give my permission to the medical staff of
Conestoga Bible conf. to secure necessary
medical/hospital treatment for my child

Parent/Guardian Signature

Emergency

Contact Person(s) 1. _____

2. _____

Contact Person(s)

Phone number 1. _____

2. _____

Medical History

Please list significant medical history or
chronic conditions.

Allergies; food, medications, insects

Treatments:

Medications brought to camp

