



Summer Camp Registration

Please mail your registration and payment to:

Glad Tidings Bible Camp
89238 544th Ave.
Bloomfield, NE 68718

Or, email to: gladtidingscamp@gmail.com

Office Use Only:

Receipt Date: _____

Paid: _____ Amount: _____

Check #: _____

Parent/Guardian Name:

Mailing Address:

Email Address:

Home Church:

Camper Name:

Birth Date:

Gender: M F

Grade in the Fall:

Medications Prescribed
(Reason + Schedule):

Authorized Pick-ups
Other than Parent/Guardian:

Allergies None Food
Environmental (Bees, Hay Fever, etc.) Medicine

Please describe what the camper is allergic to and the reaction seen as well as severity of allergy:

Please provide any information about the camper's physical, mental, or emotional health that you think important or that may affect the camper's ability to fully participate in the camp program.

Name of Primary Doctor:

Doctor Phone #:

Insurance Company:

Policy #:

Primary Subscriber Responsible
for Insurance Billing Purposes:

Insurance Company
Phone #:

T-Shirt Size (YS/YM/YL/S/M/L/XL/2XL/3XL):

Primary Camp - 1st-3rd =

Middle Elementary (Junior 1) Camp - 3rd-5th =

Upper Elementary (Junior 2) Camp - 5th-7th =

Junior High Camp - 7th-9th =

Senior High Camp - 9th-12th =

Wilderness Camp (Limit 12) - 7th-12th =

Obtain Prices
from Flyer or
Camp Website

Discounts:
- Early-Bird (before May 1st)
Lower Elementary = \$5
All Other Camps = \$10
- Bring-A-New-Friend = 33% / Friend

Sub-Total:

Discounts: -

Camp Store: +

T-Shirt:
Before May 1st = Free
After May 1st = \$10 +

Total: =

Signature:

Date:

To Apply for Summer Staff,
please visit gladtidingsbiblecamp.org