



# ASSOCIATIONAL CHILDREN'S CAMP REGISTRATION FORM

Please register each church separately. NON-Oklahoma Churches.  
ALL persons in your cabin MUST be registered and registration fees paid.

2024

Church Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Please Circle One:    Camp I    Camp II  
 Lead Sponsor \_\_\_\_\_ CELL# \_\_\_\_\_  
 Association \_\_\_\_\_ Cabin Name \_\_\_\_\_ Cabin# \_\_\_\_\_

Please Print Clearly		LIST ANYONE 18+ IN THISBOX
1. _____	6. _____	11. _____
2. _____	7. _____	12. _____
3. _____	8. _____	13. _____
4. _____	9. _____	14. _____
5. _____	10. _____	15. _____

Please Print Clearly		LIST ANYONE UNDER 18 IN THISBOX
1. _____	16. _____	31. _____
2. _____	17. _____	32. _____
3. _____	18. _____	33. _____
4. _____	19. _____	34. _____
5. _____	20. _____	35. _____
6. _____	21. _____	36. _____
7. _____	22. _____	37. _____
8. _____	23. _____	38. _____
9. _____	24. _____	39. _____
10. _____	25. _____	40. _____
11. _____	26. _____	41. _____
12. _____	27. _____	42. _____
13. _____	28. _____	43. _____
14. _____	29. _____	44. _____
15. _____	30. _____	45. _____

**ACC Office Use Only**

Total Persons \_\_\_\_\_ X \$70 = \_\_\_\_\_

Total Amount Paid \_\_\_\_\_

Check # \_\_\_\_\_ \$ \_\_\_\_\_      Cash \$ \_\_\_\_\_

ACC Registration Secretary Initials \_\_\_\_\_

ACC Assistant Business Manager Reference Number/Approval \_\_\_\_\_