

# CAMP 60s *More or Less*

CHAPEL ROCK, PRESCOTT ARIZONA  
REGISTRATION FORM

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME CHURCH: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ MALE OR FEMALE

EMAIL ADDRESS: \_\_\_\_\_ CONFIRM ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME/PHONE: \_\_\_\_\_

DOCTOR'S NAME/PHONE: \_\_\_\_\_

MEDICATIONS: Please bring a list of your medications with you when you travel to camp. This  
will be helpful to the camp nurse in case of a medical emergency.

ROOMMATE REQUEST: \_\_\_\_\_

SPECIAL CONSIDERATIONS NEEDED: \_\_\_\_\_

TRANSPORTATION: YES, I WILL NEED A RIDE TO CAMP

NO, I DO NOT NEED TRANSPORTATION TO CAMP

I AM ABLE TO TAKE \_\_\_\_\_ PEOPLE IN MY CAR TO HELP OUT. \_\_\_\_\_

\_\_\_\_\_ I HAVE ENCLOSED MY NON-REFUNDABLE DEPOSIT OF \$50.00

I HAVE ENCLOSED THE AMOUNT OF \$210 FOR PAYMENT IN FULL (double occupancy)

I HAVE ENCLOSED THE AMOUNT OF \$280 FOR PAYMENT IN FULL (single occupancy)

**PLEASE SEND THIS REGISTRATION FORM WITH YOUR DEPOSIT TO:**

**CHAPEL ROCK  
1131 COUNTRY CLUB DRIVE  
PRESCOTT, AZ 86303**

QUESTIONS CALL 928-445-3499 OR 877-445-3499  
[www.chapelrock.net](http://www.chapelrock.net)