Church Name:		City:		For a digital copy with formulas please visit imnag.org/events/camp							
Contact Name:		Phone Number:		This form must be included with your registrations for groups of ten or more. Please keep a copy for your files							
Total Campers:		Paid:				**For Office Use Only**					
Total Counselors:		Balance Due:				Postmarked:			Church Check or Personal:		
Camp Week:						Check #:			Name:		
			Family Discounts			Pre Registration Ad Ons					
Last	First	1st	2nd	3rd	4th	Memory Book	t-shirt	size	Total Due	Amount Paid	Balance Due

Last	First	1st	2nd	3rd	4th	Memory Book	t-shirt	size	Total Due	Amount Paid	Balance Due
Grand Total											