

Session Director: If you accept the counselor/volunteer, keep this completed form on file. They will need to register online for your session.

Counselor/Volunteer: Complete this form and submit to the Director(s) via hard copy or email. For email address go to [www.greenvalleybiblecamp.com](http://www.greenvalleybiblecamp.com) then click on the "Camp Directors" link under the "MORE" tab.

Place an "X" by the session(s) you have interest in and/or are serving as a counselor or volunteer.

<b>OVERNIGHT CAMP (Sun – Sat)</b> campers age 11 by 10/1/23 thru 2023 H.S. graduates		<b>DAY CAMP (Mon - Thu)</b> campers who have completed 1 <sup>st</sup> grade thru age 11					
<input type="checkbox"/>	1 Benjamin Treme & Shelby Busbee, Bentonville, AR	<input type="checkbox"/>	1 Nick Mauldin, Bentonville, AR				
<input type="checkbox"/>	2 Danny Boggs, Neosho, MO	<input type="checkbox"/>	2 Dennis Coberley, Pineville, MO				
<input type="checkbox"/>	4 Ben Hadley & Jacob Brumfield, Farmington, AR	<input type="checkbox"/>	3 Craig Frost, Clarksville, AR				
<input type="checkbox"/>	5 Craig Frost, Clarksville, AR	<input type="checkbox"/>	4 Scott Ware, Springdale, AR				
<input type="checkbox"/>	8 Jake & Will King, Seneca, MO	<table border="1"> <tr> <td colspan="2"><b>HIGH SCHOOL RETREAT (Fri – Sun)</b> Campers attending high school</td> </tr> <tr> <td colspan="2">Andy Brazle, Rogers, AR</td> </tr> </table>		<b>HIGH SCHOOL RETREAT (Fri – Sun)</b> Campers attending high school		Andy Brazle, Rogers, AR	
<b>HIGH SCHOOL RETREAT (Fri – Sun)</b> Campers attending high school							
Andy Brazle, Rogers, AR							
<input type="checkbox"/>	6 Marshall Brown, Bentonville, AR						
<input type="checkbox"/>	7 Chris Brill, Mountain Home, AR						
<input type="checkbox"/>	9 Scott Ware, Springdale, AR						

First & Last Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Gender:  Male  Female

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: (mth/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Emergency Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Medical Info/Allergies: \_\_\_\_\_

Church you attend: \_\_\_\_\_ Church website: \_\_\_\_\_

Church address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Church Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Youth Minister or other Contact: \_\_\_\_\_

Church Contact Email Address: \_\_\_\_\_ Church Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Authorization for Medical Attention:** Your signature below authorizes Green Valley Bible Camp to seek medical attention for emergency treatment in the event of an accident or injury and agrees to the head lice policy while volunteering at camp. It is also agreed that Green Valley Bible Camp, its Board of Directors, Trustees, Officers or attendants will not be held legally responsible for such accident or injury.

\_\_\_\_\_ Date

\_\_\_\_\_ Counselor / Volunteer Signature