

TWIN LAKES BIBLE CAMP

REGISTRATION FORM

CAMP ATTENDING & DATE _____

FIRST NAME _____

LAST NAME _____

CAMPER EMAIL _____

GENDER _____ M _____ F GRADE (going into) _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

HOME PHONE _____

CELL PHONE _____

HOME CHURCH _____

HOME CHURCH CITY _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____

CABIN MATE REQUEST _____

Please fill in all information and mail to: Twin Lakes Christian Center
7718 Twin Lakes Road
Manson, IA 50563

Please be sure to include your \$50.00 deposit. Or fax to: 712-297-7755
You can also supply us with your credit card number and expiration date.
The balance is due upon arrival. This fee is not transferable or refundable
unless there is no room in the camp. Office phone number: 712-297-7714.

For family camp, please supply names and ages of children _____
