## **Youth Camp 2014 Application**

(Please indicate which camp you are attending			Junior Cam	p l	Intermediate Camp)	
Name:			Male:	Female:	Age	:
Address:						
	(Street or PO Bo	ox) (City)		(State)	(Zi	p Code)
Phone:		Parents Work Phone:			DOB:	
Email:		Church that you atte	nd:			
Camp Junior Camp Intermediate Camp <i>Late Fe</i> e	Ages: 6 to 10 11 to 15			<u>Office</u>	Deposit: Late Fee	\$ 100.00 \$ \$:\$ \$
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Send a \$20.00 deposit (non-transferable and non-refundable) with this application and pay the balance when you arrive at camp, or you may pay in full with this application.

Make checks payable to: Church of God of Prophecy

COMPLETE AND MAIL TO:
PA CAMPING MINISTRIES
C/O RICK BOWSER
PO BOX 173
PARKER, PA. 16049

**CONTACT INFORMATION:** 

Telephone: (724)399-2702 E-mail: rdbowser7@gmail.com