

**Campout & Missions Mania  
Registration Form**

Church Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Association: \_\_\_\_\_

Group Leader's Contact Information:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please pre-register for services for your group before 5:00 p.m. on November 1st:

**Missions Mania Participants:** (Registration fee for Missions Mania participant is \$15.00 per person. Missions Mania participants pre-registered by November 1st receive a discounted rate of \$10.00 per person. Please note Latham Springs charges a Day Use fee of \$5.00 per person for guests not staying.)

Number of participants for the Missions Mania activities: \_\_\_\_\_ Total \$ \_\_\_\_\_

Number of Day Campers (Campers not staying at least one night.) \_\_\_\_\_ Total \$ \_\_\_\_\_

**Meal Tickets:** (After November 1<sup>st</sup> – Meal Tickets are subject to availability.)

Friday Night: (6-9 p.m. – Disaster Relief Meal \$5.00 per person) # \_\_\_\_\_ Total \$ \_\_\_\_\_

Saturday Breakfast: (7-8:30 a.m. – Dining Hall \$7.00 per person) # \_\_\_\_\_ Total \$ \_\_\_\_\_

Saturday Lunch: (11:45-1:15 p.m. – Dining Hall \$8.00 per person) # \_\_\_\_\_ Total \$ \_\_\_\_\_

Saturday Dinner (6-7:30 p.m. – Dining Hall \$8.00 per person) # \_\_\_\_\_ Total \$ \_\_\_\_\_

Sunday Breakfast (7-8:30 a.m. – Dining Hall \$7.00 per person) # \_\_\_\_\_ Total \$ \_\_\_\_\_

Sunday Lunch (12:00-1:30 p.m. – Dining Hall \$8.00 per person) # \_\_\_\_\_ Total \$ \_\_\_\_\_

**Campsites:** (Campsites are \$5.00 per person per night. Campsites can accommodate up to 25 campers. Larger groups will be assigned extra campsites. Each Campsite measures 50'x50' with 50' of parking space. Additional parking in overflow area. One fire pit for each campsite.)

Number of Campers: Friday Night: \_\_\_\_\_ Saturday Night: \_\_\_\_\_ Total \$ \_\_\_\_\_

**RV Spaces:** (A limited amount of RV Spaces with electrical and sewer hook-ups are available on a first come-first serve basis. RV Spaces are \$15.00 for each slot per night for two persons.)

Number of RV Slots: Friday Night: \_\_\_\_\_ Saturday Night: \_\_\_\_\_ Total \$ \_\_\_\_\_

Extra Campers (\$5.00 per person): Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Total \$ \_\_\_\_\_

**Cabins:** (Bunks are available at \$20.00 per person per night. Campers will need to bring their own bedding. Please note that there are no meal preparation facilities in the cabins. No fires are allowed in or around the cabins. Tickets for meals are available for those staying in the cabins.)

Number of Campers: Friday Night: \_\_\_\_\_ Saturday Night: \_\_\_\_\_ Total \$ \_\_\_\_\_

**Total for Campout & Missions Mania:** (Please add all Totals) Total Amount: \$ \_\_\_\_\_

**Campout & Missions Mania  
Payment Form**

Church Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Total Amount for Campout & Missions Mania: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

Method of Payment:

Check # \_\_\_\_\_ Date: \_\_\_\_\_

**Make checks payable to Texas Baptist Men, No two or three party checks accepted.**

Credit Card: (Circle type)      Visa      Master Card      American Express

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name: (As it appears on Credit Card) \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Please make copies of the completed Campout & Missions Mania Registration Form, Payment Form, and the Missions Mania Participant List. You can either mail or fax a copy of the forms to the address below on or before November 1<sup>st</sup>.

Mail Copies of Forms to:

Campout & Missions Mania Event  
Texas Baptist Men  
5351 Catron Dr.  
Dallas, TX 75227

Or Fax Copies of Forms to:

Texas Baptist Men  
(214) 381-7600 (Fax)

Please do not mail any forms to the TBM office after November 1<sup>st</sup>. Please bring copies of all Medical Release Forms to turn in at Registration.

Contact Keith Mack at [keith.mack@texasbaptistmen.org](mailto:keith.mack@texasbaptistmen.org) or (214) 275-1123 (office) concerning any questions you may have concerning the Campout & Missions Mania event. We look forward to seeing you and your group at the Campout & Missions Mania event.

Office Use Only:

Information Taken By: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_



**Campout & Missions Mania  
Medical Release Form**

(One form required for each participant ages 17 and younger.)

As an Ambassador for Christ, I will do my best to participate with others at the Campout & Missions Mania event, and I will follow the instructions of the leadership during this event.

Date: \_\_\_\_\_

\_\_\_\_\_ (Participant's Signature)

I hereby give my permission for my child to accompany \_\_\_\_\_  
(leader's name) and participate in the activities at the Campout & Missions Mania event.

**Participants Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

My signature below will authorize any emergency medical or surgical treatment, as needed for my child by a physician chosen by the leader or another adult in charge. I understand that my health insurance will provide primary coverage in the event medical treatment or intervention is needed. I understand that reasonable safety precautions will be taken by Texas Baptist Men and its volunteer leaders. I understand the possibility of unforeseen hazards and know the inherent possibility of risk during this activity. I agree not to hold Texas Baptist Men, its leaders, employees, and volunteer staff liable for any damages, losses, diseases, or injuries incurred as a result of participating in this activity. Photos and video clips taken at the Campout & Missions Mania event may be used by Texas Baptist Men for promotional purposes or appear on the TBM Website or social media.

**List any health concerns:** (allergies, diabetes, heart problems, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**List any medications currently being taken:** \_\_\_\_\_

\_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

Physician Phone: (\_\_\_\_) \_\_\_\_\_ Other Contact: \_\_\_\_\_

**Medical Insurance Information:**

Insurance Company or Plan: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**In Case of Emergency, Please Contact:**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian's Name:** (Print) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_