

**Campout & Missions Mania
Registration Form**

Church Name: _____

City: _____ State: _____

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 1st – 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 1st.

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 1st. Please bring copies of all Medical Release Forms to turn in at Registration.

Contact Keith Mack at 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: _____

Missions Mania Group Information

Church Name: _____

City: _____ State: _____

Please list below the names for each person in your group. Please indicate which campers will participate in the Missions Mania activities. Each participant will receive a unique number.

First Name:	Last Name:	Grade or Leader	Check if Participant
			<input type="checkbox"/> = Yes
			<input type="checkbox"/> = Yes
			<input type="checkbox"/> = Yes
			<input type="checkbox"/> = Yes
			<input type="checkbox"/> = Yes
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			<input type="checkbox"/> = Yes

(Please make a copy of this form if you have more participants.)

**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: _____