



## REGISTRATION FORM

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

Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Day Time Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Reservation Dates: \_\_\_\_\_

Number of Campers: Guys \_\_\_\_\_ Girls \_\_\_\_\_ Adults \_\_\_\_\_ Total \_\_\_\_\_

Number of Middle School Students: \_\_\_\_\_ High School Students: \_\_\_\_\_

A 20% per person deposit is due within 7 days of making reservation in order to hold the dates.

Please fill out this form and fax it to 706.374.6345 or copy and email a completed form to [pat@campjabez.com](mailto:pat@campjabez.com)

Thank you for your interest in Camp Jabez, we look forward to serving you!