

Youth Camp Group Registration

Church Name: _____

How many Campers (Approximate number):

Male: _____ Female: _____

Youth Pastor/Leader Name: _____

Phone Number: _____ Email: _____

Do you have anyone interested in working camp? If so, how many? _____

(Staff must be at least 19 years of age.)

***If you have any Questions or comments call Ben & Tiffany Winford @
712-249-3042 or email us at pastorben@newlifeatlantic.org***

***For more Information go to www.midrockycogop.org and look under the
“Ministries” page.***