

2025 Sponsor Registration

(One form per sponsor or married couple.)



Week Attending

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Junior Week 1
(June 9-13) | <input type="checkbox"/> Junior Week 2
(July 7 -11) | <input type="checkbox"/> Teen Week 1
(June 23-27) | <input type="checkbox"/> Teen Week 2
(July 14-18) |
|---|--|--|--|

Sponsor Information

Name: Last		First	
Spouse (if coming): Last		First	
Address	City	ST	ZIP
Email	Phone		
Church attending with:		City	ST
Children (if coming):			

Insurance

Note: All attendees are under an accident insurance policy on campus. Coverage is an Excess Plan. All claims will first be submitted to the attendee's insurance carrier.

Name	Ins. Policy Holder's (if different)
Insurance Company Name	Policy #
Insurance Co. Address	
Immunizations <input type="checkbox"/> DPT <input type="checkbox"/> MMR <input type="checkbox"/> Smallpox <input type="checkbox"/> Whooping cough <input type="checkbox"/> Hepatitis <input type="checkbox"/> Tetanus Date ____/____/____ <input type="checkbox"/> Other _____	
Notes:	

I understand the following

Attendees are expected to cooperate in activities, and abide by camp policies of conduct and attire. The camp reserves the right to dismiss anyone who fails to follow these guidelines. I give permission for anyone named on this form to participate in all on-site activities. Photos or videos of anyone named on this form can be used for promotional purposes without remuneration. I understand that Hoosier Hills Baptist Camp is a Christian camp where Christian principles will be taught. I understand that camp may provide medical care for injuries or illness to anyone named on this form, that camp reserves the right to bill me for excessive medical supplies, and that all off-site medical expenses will be directed through my health insurance policy. I understand that camp coverage is an Excess Plan. I understand that if anyone named on this form has a communicable disease, sickness, or lice and/or nits, the camp reserves the right to take appropriate precautions, including dismissal.

Sponsor Signature _____ Printed Name _____ Date _____

Cost and Lodging

Cost: (select one or both if spouse is attending)

- | | |
|--|-------|
| <input type="checkbox"/> 1st Adult Sponsor | \$100 |
| <input type="checkbox"/> 2nd Adult Sponsor | \$150 |

How are you paying?

- ☐ **Through my church (recommended).** Submit this completed form and payment to your church. Church will make group payment to camp.
- ☐ **As an individual.** Pay directly to the camp by cash or check. Mail this completed form and payment to: Hoosier Hills Baptist Camp, PO Box 237, Dillsboro, IN 47018 . Attn: Registration.

Lodging: (select one)

- ☐ **With campers**
- ☐ **In separate housing**

We cannot guarantee lodging requests, but we try our best to honor them. Requests are honored on first-come, first served basis.

\$ _____ **Total Payment Included with this form.**

Note: Bedding is not provided by camp. Please bring separate bedding.