

PARK RIVER · BIBLE · CAMP ·

Campership Application Form

Part 1: Applicant/Contact Information

Camper Name: _____ Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Church: _____

Camp/Retreat Attending: _____ Camp/Retreat Date: _____

Cost of Camp Attending: _____ Number of Camps Attending (outside of PRBC): _____

Reason for the campership: _____

Part 2: Church or Second Party Contribution

Amount of church or other contribution to camper: _____

Church/Other contributor's name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Part 3: Parent/Guardian Contribution

Amount contributed by Parent/Guardian:

Half of Registration Cost _____ Deposit only _____ Other _____

Parent/Guardian signature (or Camper if over 18): _____

*Applicant will be notified within 5 business days upon receipt of this form. Camperships may be granted for one retreat/camp per season (summer, fall, winter, spring).

Send to:

Park River Bible Camp
106 Solid Rock Circle
Park River, ND 58270
Phone: 701.284.6795 Fax: 701.284.6796
goprbc@polarcomm.com

Office Use Only

Reviewed by:

Amount granted by Park River Bible Camp: