

Harvest Family Camp

Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Number of adults _____

Name of adult _____

Name of adult _____

Number of children _____

Name of child _____ age _____

Name of child _____ age _____

Name of child _____ age _____

Name of child _____ age _____

Name of child _____ age _____

Name of child _____ age _____

Name of child _____ age _____

Name of child _____ age _____

Name of child _____ age _____

Name of child _____ age _____

Estimated time of arrival _____

Food allergies _____

Sleeping arrangements

_____ I am bringing a tent

_____ I am bringing a camper

_____ I will need a cabin

**Just fill out this registration form and mail it with your deposit to:
Riverside Bible Camp 6355 County Road DD Amherst, WI 54406**