

Cornerstone Trinity Baptist Church

"Holy Fire"

Adult Conference: April 30th to May 3rd

| | | | |
|----------|--|------------------|-------------|
| Name | | | |
| Address | | Guest of | |
| City | | Cross Street | |
| Zip Code | | Home Phone # | () - |
| Email | | Cellular Phone # | () - |

Please indicate what time you would prefer to sleep by _____

Early Registration Cost: \$200 by April 4th (Payment must be submitted with this form)

Regular Registration Cost: \$225 by April 18th

Please make checks payable to: Cornerstone Trinity Baptist Church (*No cash accepted*)

In Case of an Emergency, Please Notify:

| | | | |
|--------------|-------------|--------------------|-------------|
| Name | | Relation to Camper | |
| Work Phone # | () - | Cell Phone | () - |

Medical Coverage

| | | |
|---|---------------------------------|------------------|
| <input type="radio"/> No Medical Coverage | Medical Insurance Company _____ | Member ID# _____ |
|---|---------------------------------|------------------|

IF YOU TAKE ANY MEDICATION OR HAVE ANY ALLERGIES, PLEASE DESCRIBE BELOW:

AGREEMENT / RELEASE: (Please initial each one to show your agreement.)

_____ I agree that any medical treatment may be given to me in an emergency.

_____ I hereby release Cornerstone Trinity Baptist Church ("CTBC"), its officers, directors, employees, members, volunteers, and agents of and from any and all actions, suits, proceedings, claims, demands, assessments, judgments, damages, deficiencies, liens, penalties, fines, costs and expenses, including reasonable attorneys' fees, resulting from, based upon, or arising out of any activity, accident or injury occurring at the Camp or en route to the Camp or en route from the Camp.

_____ I agree that CTBC and Koinonia Conference Grounds may use or display any picture, video or photography taken of me at Camp for any purpose, including future promotions.

_____ I agree to adhere to the Rules of Conduct and Regulations of the Camp ("Rules"). If, at the Camp Director's sole discretion, it is deemed that I have violated the Rules and I am sent home from Camp, I understand and agree that no refund of any amount will be given to me.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

| | | |
|------------|---------------|--------------------|
| Date _____ | Check # _____ | Check Amount _____ |
|------------|---------------|--------------------|

Name _____

Driver Information Sheet

In order to ensure that everyone arrives safely to camp and back home, we need to know the following information. If you do not know your ride situation at this time or if the information you provide on this sheet changes, please contact Donald Chew (415) 828-8685 before April 18th.

➤ **How do you plan to get to camp?**

- Get a ride from _____
- Drive myself. I will be leaving at approximately _____ and coming from _____. I will also be driving the following people:

If you are not currently driving anyone and are able to have passengers, please indicate how many _____ and what time you will be leaving on Friday _____ and from where _____.

- I need a ride

➤ **How do you plan to get home from camp?**

- Get a ride from _____
- Drive myself. I will also be driving the following people

If you are not currently driving anyone and are able to have passengers, please indicate how many _____ and what district you would like to drive to _____.

- I need a ride

*Please indicate if you have any special circumstances (e.g., leaving camp early)

