

Creek Week Registration Form

Dry Creek Baptist Camp

August 3-6, 2009

For graduating high school seniors and college students

Name _____ *check preferred address:*

Mailing Address _____

City/St/Zip _____

School Mailing Address _____

City/St/Zip _____

Phone Numbers: *please circle one:*

(____) _____ cell home work other

(____) _____ cell home work other

(____) _____ cell home work other

Email _____

Age _____ College _____

Sex _____ Church _____

Please complete all information and mail Creek Week Registration Form and a \$50 per person deposit to:

Dry Creek Baptist Camp

P.O. Box 580

Dry Creek, LA 70637

Each camper must also bring a completed health form to registration.

For more information call **(337) 328-7531**.

Visit www.drycreek.net for other info or to download forms.

Date Registration Received ____/____/____
Date Deposit Amount Received Receipt #

Confirmation letter sent _____