



# Summer Camp 2012 Sponsor Application

www.drygulchusa.com

1003 N. 129th E. Ave.

Tulsa, OK 74116

(918) 234-5656, ext. 135

fax (918) 439-8378

*In order for your space to be reserved, a \$75 non-refundable/non-transferable deposit must be received. To be eligible for a refund, not including the \$75 deposit, cancellations must be made at least 4 weeks prior to the camp session. Please refer to the Registration Information for reservation procedures and policies. Instead of faxing your registration, we recommend that you mail your form to us. Incomplete forms will not be accepted and will be returned. To submit applications online, call our Registration Office for an access code.*

## Sponsor Information

First Name

Last Name

Home Address

City

State

Zip

Age

Birthdate (mm/dd/yy)

Gender

Male  Female

Session Date 1st Choice

Session Date 2nd Choice

Do you need airport transportation?

Yes  No

If yes, a copy of your airline flight itinerary must be received 4 weeks prior to your arrival

Home Phone Number

Email Address

Cell Phone Number

Work Phone Number

## Group Information

Church Group Name

Church Phone Number

Senior Pastor's Name

## Medical Information

Please check Yes or No for each question.

Yes No

Do you have any allergies? (food, animals, insects, etc.)

Yes No

Do you take any prescription medications?

If yes, please list: (see medication policy)

What is the reason for taking the above medication?

Do you have any medical conditions or diseases?

Do you have any physical limitations?

Are there any activities in which you would be unable

to participate?

Are you allergic to any medications?

If yes, please list:

Is there any additional information regarding your health in

which we need to be aware of?

## Emergency Information

Name of Family Physician

Phone ( )

Do you carry family medical/hospital insurance?

Yes  No

Insurance Carrier Name

Phone ( )

Group Policy Number

Name of Insured

Emergency Contact Name

Day Phone ( )

Relationship

Evening Phone ( )

## This form must be signed.

I agree to release Church on the Move d/b/a Dry Gulch, and their representatives and employees (collectively, "Dry Gulch") from all liability for harm to myself or my personal property resulting directly or indirectly from my participation in Camp, even if Dry Gulch is negligent, and to indemnify Dry Gulch against any such liability. I authorize administration of a tetanus shot or other medical treatment deemed necessary by Dry Gulch, and I agree to release and indemnify Dry Gulch against all liability and costs for treatment. I also authorize Dry Gulch to use photos or video taken of myself for promotional and recordkeeping purposes.

X

Signature

Print Name

Date