

Camper Application  
Daniell Baptist Association Children's Camp 2024  
Adrian Camp & Conference Center  
June 24-28, 2024      Ages **8-14**

**Cost – \$250.00**

**Applications due by May 31, 2024.**

Please complete and **MAIL before May 31, 2024:**

1. Application (this page)
2. **NOTARIZED** Medical Release Form
3. \$100.00 deposit (checks made payable to *DBA Summer Camp* with **balance of \$150.00 due BEFORE June 21, 2024**) to:

Denise Pournelle

P.O. Box 4

Soperton, GA 30457

***APPLICATIONS WILL ONLY BE ACCEPTED BY MAIL AT ABOVE ADDRESS AND ONLY IF  
MEDICAL RELEASE FORM IS NOTARIZED!***

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Legal Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

***MAILING Address:*** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Church \_\_\_\_\_

T-Shirt Size (circle one) **ADULT:** S M L XL 2XL 3XL    **YOUTH:** S M L

**PLEASE NOTE:**

**Children must be potty trained and capable of caring for their personal hygiene to attend camp.**

**Campers will be placed in cabins according to age.**

My child, \_\_\_\_\_, has my permission to attend DBA Summer Camp 2024, to participate in all camp activities, and to appear in camp photos/videos. Person(s), other than myself, who are allowed to pick my child up from camp:

\_\_\_\_\_  
Parent's Name (please print): \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent's Cell Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Work \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please e-mail questions to [missdeniseinc@yahoo.com](mailto:missdeniseinc@yahoo.com).