

LAMS Regional Winter Retreat Application
December 29th, 2017 – December 31st, 2017
KAMP KUMBAYA, EUPORA, MISSISSIPPI

Tuition Cost \$65.00, Youth Ages: 13 and up

Note: **Special Early Bird Tuition of ONLY \$55 after \$10 discount if you send your application in by **December 7,** and **include the \$15 registration fee,** you will receive a \$10 discount. Applications **must be postmarked by December 7,** to receive the discount. We need your application in preparing for meals, lodging, and staff.*

Mail Applications to: ***Kamp Kumbaya, C/O Church of God of Prophecy, PO Box 721190, Byram, MS 39272.*** Make check payable to the Church of God of Prophecy.

Name: _____ Phone: _____ Age ____ Male __ Female __

Address: _____ City _____ State ____ Zip _____

In Case of Emergency Call _____ **Phone** _____

Medical Information: *(Please include a copy of Health Insurance Card)*

Please list any health problems _____

Please list any medications you are taking _____

Date of last tetanus shot _____ List of allergies _____

Health Insurance Company _____ Policy Number _____

Family Physician _____ Phone Number (____) _____

In case of sickness or injury, I hereby grant permission to any physician selected by the camp to give the necessary medical treatment to the person registered on this form. I understand that my medical insurance company will serve as the Primary Coverage and Kamp Kumbaya insurance company secondary insurance. Kamp Kumbaya insurance provides coverage only for accidents which occur during scheduled events for up to and not to exceed \$2500.00. Pre-existing medical/physical problems or injuries which camper may have upon registration are my responsibility. Kamp Kumbaya will not be liable for any of the expenses incurred in such cases.

Signature of applicant (if 18 years old and over) _____

Signature of parent/guardian (if applicant is under 18 years old) _____

***Note:** Included in the tuition cost is a **\$15** non-refundable registration fee. You are to mail your **\$15** registration fee **with** your application. **Check-In is at 2:00 pm Friday and Check-out is 9:00 am Sunday Morning**

For Office Use

Deposit Paid Yes No

Total Pre-paid \$ _____ Check # _____

Early-Bird Discount \$ _____ Balance Due \$ _____

Total Tuition Paid at check-in: _____

For Screening Purpose by Nurse

Application Screened Yes No

www.KampKumbaya.com

Kamp Kumbaya Phone Number: 662-258-6998