

# IGNITE REGISTRATION DEPOSIT FORM

**REMIT THIS FORM WITH A \$50 PAYMENT PER CHILD CAMPER AND ADULT SPONSOR TO:**

## IGNITE CHILDREN'S CAMP

% BBA

PO BOX 7740

TEXARKANA, TX 75505

Church Name \_\_\_\_\_

Primary Contact Name/Title \_\_\_\_\_

Phone Number At Which This Contact May Be Reached And For Use With The REMIND App

\_\_\_\_\_

Please Check Which Camp You Would Like To Attend: \_\_\_\_\_ July 16-19 or \_\_\_\_\_ July 19-22

### Church Information:

Church Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Church E-mail Address \_\_\_\_\_

### Registration Fees

	+	=	X	=
_____		_____	_____	_____
# of Sponsors		# of Students	Total Campers	Deposit Per Camper
				\$50
				Total Deposit Due

- Total cost is \$200 per camper or sponsor
- \$50 per camper/sponsor deposits are *NON-REFUNDABLE* but are transferable toward the unpaid deposit of another camper/sponsor.
- Balance of total camp fees are due upon arrival at Lakeview
- Confirmation of reservation will be e-mailed to the church listed above.

### FOR IGNITE OFFICE USE ONLY

Date Received \_\_\_\_\_

Amount Received \_\_\_\_\_

Check Number \_\_\_\_\_