



Snow Bowl Application

Name *

First Name Last Name

Gender: *

Male Female

Date of Birth: *

Month Day Year 

Grade: *

Address: *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Parent/Guardian: *

Phone Number *

Please enter a valid phone number.

Emergency Contact:

Phone Number

Please enter a valid phone number.

Home Church (if any):

I would like to attend camp the following weeks: *

Grades 1-3 - January 27-28

Grades 4-6 - February 10-11

Teens (7th-12th) - February 23-25

Check all that apply:

This is my first time at Snow Bowl

I have been to summer camp before

I have siblings attending Snow Bowl too

I was invited by a friend

Does the camper have any known allergies or other medical conditions? *

Yes

No

By typing my name below, I give my permission for my child to participate in all camp activities. I realize camping activities can be dangerous and accept these risks. I hold harmless & indemnify Mandaville Camp & Retreat Center and BCM Int'l from all liability for injuries sustained from my child's participation as a camper. The Mandaville staff is permitted to act in my behalf in authorizing unexpected medical care for the above named minor during their stay at camp, understanding that the camp will notify me when such care is needed in a timely manner. I also give permission for photos & media clips of my child to be used for camp promotion.

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