



PERSONAL CONTACT INFORMATION

Name _____ Age _____ Gender M or F Phone (____) ____-____

Home Address _____

City _____ State _____ Zip _____

E-mail _____ Current Grade in School _____ Date of Birth ____/____/____

Have you received Christ as your personal Savior? _____ If yes, when? _____

Have you been baptized by immersion since being saved? _____

Are you a church member? _____ If yes, name of church _____

Church Address _____

City _____ State _____ Zip _____

Your Pastor's Name _____ Church Phone (____) ____-____

Have you served in a ministry of your local church? _____ If yes, in what capacity? _____

SERVICE REQUIREMENTS

Choose which option works best for your schedule. You must attend one week of Training Camp in order to work in the T.E.A.M. Program. Two weeks of service are also required. You may choose to work more weeks if satisfactory work is accomplished. Weeks of service are recommended in the options you choose, but you can work in either option once the Training Camp is completed. Please check the weeks you wish to serve on the T.E.A.M. You must choose one week of Training Camp:

- | | |
|--|--|
| <input type="checkbox"/> Option 1 June 7-12 Training Camp (Jr. Missions Week) <ul style="list-style-type: none"> <input type="checkbox"/> June 14-19.....Junior I <input type="checkbox"/> June 21-26.....Junior II <input type="checkbox"/> June 28 - July 3.....Family Camp | <input type="checkbox"/> Option 2 July 5-10 Training Camp (Junior III) <ul style="list-style-type: none"> <input type="checkbox"/> July 12-17.....Teen I <input type="checkbox"/> July 19-24.....Teen II <input type="checkbox"/> July 26-31.....Teen III |
|--|--|

PARENTAL PERMISSION

_____ has my permission to work on the Camp Chetek T.E.A.M. I understand my child must attend one week of "Training Camp" and serve a minimum of two weeks. The available dates he/she has indicated are approved by me.

Signature of Parent/Guardian

PASTORAL PERMISSION

It is my opinion that _____ would do a good job on the Camp Chetek T.E.A.M. Please feel free to contact me if you have any questions or concerns.

Phone Number (____) ____-____

Signature of Pastor

SIGNATURE

I have read and agree to abide by the T.E.A.M. policies and procedures.

Signature of Applicant

Date

COST

T.E.A.M. Cost - \$205. \$40 Registration fee required.
\$20 discount if paid in full by May 1st. \$10 discount if registration fee of \$40 is paid by May 1st.

Please send completed application as early as possible to: Camp Chetek P.O. Box 26 Chetek, WI 54728