



CAMPER ROSTER FOR DISCOVERY MINISTRIES

GROUP NAME _____ CAMP DATE _____

This form should be presented to the office upon your arrival at D.M. We need this information for insurance purposes. Please type or print the following data for each camper, including sponsors, in your group. You may give us a printed copy in your own roster format **as long as it contains the same information.**

1. Name _____ Age (if under 19) _____ Phone _____
Address _____ City _____ State _____ Zip _____
2. Name _____ Age (if under 19) _____ Phone _____
Address _____ City _____ State _____ Zip _____
3. Name _____ Age (if under 19) _____ Phone _____
Address _____ City _____ State _____ Zip _____
4. Name _____ Age (if under 19) _____ Phone _____
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Address _____ City _____ State ___ Zip _____
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Address _____ City _____ State ___ Zip _____
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Address _____ City _____ State ___ Zip _____
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Address _____ City _____ State ___ Zip _____
58. Name _____ Age (if under 19) _____ Phone _____
Address _____ City _____ State ___ Zip _____