

CAMP JOY CHAPERON REGISTRATION FORM

Chaperon Name: _____ Male or Female _____

Camp Attending & Date: _____

Mailing Address _____ City, State, Zip _____

Home Phone _____ Cell# _____

In Emergency Notify _____ Phone _____

Church Name: _____ Pastors Name: _____

Your Association: Allen, Gasper River, Grayson, Liberty, Logan Todd, Monroe, Simpson, Warren, Other

You must have your Chaperons Registration Form, in the camp office two weeks prior to attending. No exceptions. You can call the camp office 270.597.3213 if you have any questions.

Information needed to complete your background check with Kentucky Court of Justice

First Name _____ M.I. _____ Last Name _____ Alias/Maiden _____

E-Mail: _____
KY Court of Justice will e-mail you a copy of your back ground check information

SSN _____ DOB _____ DLN _____

Street Address _____

City _____ State _____ Zip _____

Camp Use

Date Received Chaperon Registration :

Date Background Form Submitted:

Date Background Information Received:

Camp Joy Baptist Assembly

P O Box 111
<http://www.campjoybaptist.com>

Brownsville KY 42210
e-mail: campjoy@windstream.net

270.597.3213