

Developmentally Disabled Adult Registration Form

Camper Name _____ T-shirt size _____

Prefers to be called _____

Date of Birth _____ Age _____ Gender _____ Phone _____

Address _____

Camper Email _____

Parent/Guardian _____

Address _____

Email _____

Phone _____

Agency Name _____

Agency Contact _____ Phone _____

Group Home Name _____

Group Home Contact _____ Phone _____

Group Home contact Email _____

Bus Stop Choice: Billings _____ Laurel _____ Columbus _____ Big Timber _____

Scholarship (up to \$120) requested _____

Christikon Lutheran Bible Camp, Inc
1108 24th St W
Billings, MT 59102

Office Phone 406-656-1969
office email: secretary@christikon.org