

Prayer & Action

2017 Summer Mission Camp

Registration Form

College Week June 4-June 9, 2017
Russell, KS

Name: _____

Address: _____

Phone: _____

Cell _____

Home _____

Email _____



Please fill out the Health Form B and HIPAA form and return them with your registration fee of \$65.00. All of these forms are following this page. (*All fillable on the computer.*)

Per person fee: \$65
Please return forms and fee to:
Office of Education
P.O. Box 825
Salina KS 67401

