

Prayer & Action

2019 Summer Mission Camp

Registration Form

College Week June 2-June 7, 2019
Colby, 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 \$70.00. All of these forms are following this page.



Per person fee: \$70
Please return forms and fee to:
Office of Education
P.O. Box 825
Salina KS 67401