January 23-25, 2026
Ages 12-18

January 30-Feb 1, 2026
Ages 8-12

Drop off - 4 pm Friday

Pick up - 1 pm Sunday

Camper Name: _____ Church: _____

Camper Age: _____ Camper Date of birth: _____ Gender: _____

Address: _____City_____State_____zipcode_____

Parent/Guardian Name: _____

Address (if different from above): _____City_____State_____zipcode_____

Home Phone: _____ Email: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Authorization for Pick-Up of camper

Below are the persons allowed to pick up (Camper Name) _____

1. _____

2. _____

3. _____

Parent/Guardian Signature: _____

$95.00 (deposit included)

** $25.00 non-refundable deposit due at least one week prior to camp**

Master Card, Visa, Discover, Cash or Check

Credit Card Authorization

Signature: _____ Amount to be charged: _____

Print Name on Card: _____

Billing address: _____City_____State_____zipcode_____

Card Number: _____ _____ _____ _____ Card Expiration Date: _____CVC_____

SACANDAGA BIBLE CONFERENCE 191 Lakeview Rd. BROADALBIN, NY 12025
(518) 883-3713 office@sacandagabibleconference.com

Medical Form

Camper Name: _____ Camper Age: _____ DOB: _____

Address: _____city_____state_____zipcode_____

Parent/Guardian Name: _____

Address (if different from above): _____city_____state_____zipcode_____

Home Phone: _____ Cell Phone: _____

Current or Recurring Medical Conditions: (i.e. Asthma, Diabetes, etc.)

_____

Dietary Restrictions/Food Allergies: (i.e. Nuts, Gluten, Dairy, etc.)

_____

Allergies: (i.e. Drugs, Environment, etc.)

_____

Name of Camper's Physician: _____ Phone Number: _____

Insurance Company: _____ Carrier: _____

Policy #: _____ Group #: _____

Emergency Contact: other than Parent/Guardian

1. Name: _____ Relationship: _____

Phone Number: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Phone Number: _____ Cell Phone: _____

I give permission to the Director of SBC to treat or acquire treatment from a medical professional for my child for medical reasons if I am unavailable.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____