

Initial Contact *for Overnight Program* _____

Name _____ **Group:** _____ **Date:** ____-____-____

St. _____ **Sponsor:** _____ **Event/date** ____-____-____

City _____ **State** _____ **Zip** _____

Event Campers # Boys Girls Men Ladies Total _____

Comments: **Home #** ____-____-____ **Control #** _____

Work # ____-____-____ **ICP# & Email sent date:** _____

Cell # ____-____-____ **overnight@battleshiptexas.org** _____

Email _____