



Pursue

Proverbs 21:21

DISTRICT POW-WOW 2024

June 27-29

LAKEVIEW CAMP 5128 FM 66 75167

Pastoral Reference Form

Cost: \$60 (Includes t-shirt and Patch)

onsite \$75 t-Shirt and patch are not guaranteed.

Mail by May 13th



EVERYONE 18 + ATTENDING CAMP MUST FILL OUT THIS FORM, NO EXEPTIONS.

Todos mayores de 18 que asistan al campamento necesitan llenar esta forma, sin excepciones.

Please Print

Church Name: _____ Section: _____

Adults Name _____ Age _____ Birthday _____

Street Address: _____

City/State/Zip code: _____

Home Phone: _____ Cell _____

Email : _____

Pastoral Reference: Adult (18+) I know of no facts or allegations that raise any questions concerning his suitability for working with minors in any Royal Rangers activities.

Pastor's Signature: _____ Date: _____

The church has on file the applicant's/ workers screening form and has done a background check on this person

YES / NO

Statement of Release: In the event that I am unable to respond due to an accident, illness or some medical emergency, I desire to be treated or receive any medical attention deemed necessary. I give permission to any hospital, doctor, health care provider and/or any Royal Ranger Leader to transport, admit for care and provide treatment. I authorize SCHED to use any photos taken of me for promotional purposes of Royal Rangers. The information contained in this registration is correct to the best of my knowledge. I authorize any references or churches listed in this form to give you any information they may have regarding my character and fitness for ministry to children/youth. And I release all such references from liability for any damages that may result from furnishing such evaluations to you.

I agree to be bound by the policies of the SCHED Royal Rangers, to refrain from all unscriptural conduct, and to comply with all those in authority while in the performance of my duties and while in attendance at the Summer Camp.

Leader Signature: _____ Date: _____