

# Registration Form For Camp Zion

Name : \_\_\_\_\_ Church \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E- mail: \_\_\_\_\_

MEN  
NAME

*Duplicate As Needed*

WOMEN  
NAME

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Myrtle Baptist Church / Camp Zion  
P O Box 76  
Myrtle MS , 38650

Ph. 662-988-2295 \_\_\_\_\_ E-mail > [earljarley@gmail.com](mailto:earljarley@gmail.com) or [campzion@campzion1949.org](mailto:campzion@campzion1949.org)