



P.O. Box 95, Emmaus, PA 18049  
610.967.6861 / [pushtherock.org](http://pushtherock.org)

**PUSH THE ROCK  
SPORTS CAMPS...  
A LIFE CHANGING  
EXPERIENCE.**

## SUMMER SPORTS CAMPS 2016

Push The Rock sports camps...*a  
life changing experience.*



## BETHANY BFC

75 West Broad Street, Hatfield, PA 19440

**AVOID A SUMMER ON THE SIDELINES AND GET IN THE GAME...REGISTER TODAY!**

Register online at  
**[www.pushtherock.org](http://www.pushtherock.org)** or  
at the church office.

**July 18-22 - 8:30 am - 3:00 pm**  
**Boys' Basketball, Ages 8-13 - \$150**

*Financial Assistance Available*

For questions regarding registration please  
call us at **610-967-6861** or visit  
**[www.pushtherock.org](http://www.pushtherock.org)**.



*Proven Athletic Instruction - Commitment to Character - A Distinctly Christian Environment*

# SUMMER SPORTS CAMPS 2016

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## BETHANY BFC

July 18-22  
8:30 am – 3:00 pm

Boys' Basketball  
Ages 8-13 - \$150

\$10 discount for each additional family member that attends camp.  
Register online by April 4th and receive a \$10 early bird discount.

## CAMP DETAILS

### Bethany BFC

(75 West Broad Street, Hatfield, PA 19440)

Basketball campers must bring their own lunch and drink each day.  
For more information about your specific camp please contact Pastor Joel Klase at 215-855-2449 or email him at joel.klase@gmail.com.

## REGISTRATION INFORMATION

Register today using one of the following TWO methods:

1. Complete the registration form and mail it with your payment to:  
**Bethany Bible Fellowship Church** (Attn: Joel Klase)  
75 West Broad St., Hatfield, PA 19440
2. Register online at **www.bethanybfc.org**

## SCHOLARSHIPS

There are a limited number of scholarships available. Please contact Joel Klase at 215-855-2449 or email him at joel.klase@gmail.com for further information and an application.



## REGISTRATION FORM

### ☐ Boys' Basketball, Ages 8-13 - \$150

Camper's Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Name of School: \_\_\_\_\_

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

Parent / Legal Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Emerg. Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Dr: \_\_\_\_\_ Ph: \_\_\_\_\_

Medical Conditions or Allergies: \_\_\_\_\_

(Please attach a second sheet with further information if necessary)

### T-Shirt Size:

Youth: ☐ S ☐ M ☐ L - Adult: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

☐ New Camper

How did you hear about Push The Rock? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Payment

Check or money order enclosed for \$ \_\_\_\_\_

Authorization signature: \_\_\_\_\_

I have completely read and approve this application and agree to the terms stated herein. I also give my permission for the applicant to participate in all activities as they pertain to his/her program. I authorize Push The Rock to hereby use any pictures or video for promotional use.

\_\_\_\_\_  
Signature of parent / guardian completing this form

For questions regarding registration please call Joel Klase at 215-855-2449

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