



Job-A-Rama

Join us for a groovin' good time at this years 60's themed Job-A-Rama at Hanging Rock Christian Camp.

September 6th-8th



\$85 for the weekend
\$40 for Saturday only



2023 Job-A-Rama Registration Information & Summary

Bethel Contact Person: _____

Bethel # & Location : _____

Email Address: _____

Contact Phone Number: _____

Please check all boxes which pertain to your registration.

	Jobs Daughter*	Jobie-2- Bee*	Child*	Chaperone+	Grand Officer+	Adult+ (NOT Chaperone)	Saturday Pass Only	Special Needs
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

*Must have Child Medical Release Form

+Must have Adult Medical Release Form

Total Daughters: _____ x \$85= _____
 Total Jobie-2-Bees: _____ x \$85= _____
 Total Children: _____ x \$85= _____
 Total Adults: _____ x \$85= _____
 Total Saturday Passes: _____ x \$40= _____

Total Amount Enclosed: _____

Make checks payable to Grand Guardian Council
 Please write one bethel check for all registrations.

If you have special needs check the box, then list here what those needs are: _____

Mail to:
 Tami Scanland
 10739 West Bitternut Court
 Quincy, IN 47456

DUE BY: Monday, August 26th

Medical Release Form

Daughter/Child Job-A-Rama 2024

Child Name: _____ DOB: _____ Bethel#: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Parent or Legal Gauardian Name(s): _____

Parent/Legal Guardian Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

Insurance Benefit Code: _____ Relationship to Holder: _____

Health History Information (If more room is needed please use the back of this form)

Date of Last Tetanus Shot: _____

Please List all allergies, reactions, and what to do in case of reaction: _____

Please list all medications including dosage instructions: _____

Any other health problems we should be aware of: _____

I hereby release Ascension St. Vincent In Williamsport, IN to treat my child for problems which may rise while visiting Hanging Rock Christian Camp for the 2024 Job-A-Rama of Indiana Job's Daughters in Lebanon, IN. I also authorize the appropriate personnel to admit my child to St. Vincent if necessary.

Parent/Legal Guardian Signature: _____ Date: _____

If we cannot be reached please contact: _____

Raltionship to child: _____ Phone Number(s): _____

Medical Release Form

Adult

Job-A-Rama 2024

Child Name: _____ DOB: _____ Bethel#: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Emergency Contact: _____

Emergency Contact Phone Number(s): _____

Insurance Provider: _____ Policy Number: _____

Insurance Benefit Code: _____ Relationship to Holder: _____

Health History Information (If more room is needed please use the back of this form)

Date of Last Tetanus Shot: _____

Please List all allergies, reactions, and what to do in case of reaction: _____

Please list all medications including dosage instructions: _____

Any other health problems we should be aware of: _____



Dress in your
GROOVYEST

clothes on
Saturday night
of Job-A Rama
and bring a
white t-shirt!