



2010 Student Housing Form

Please complete and email or fax to the camp registration office.

Email: rshough@campoc.org Fax: (210) 821.5857

NOTE: for 2010 2 per room is standard
Place 3 in a room if absolutely necessary.

Name: _____ Church: _____

Email: _____ Phone: _____

Camp: [] Zenith [] Impact [] Cornerstone Page ___ of ___ Date Submitted: ___/___/___

Have you previously submitted a housing form for this camp? __Y __N Is this a revision? __Y __N

Place students in rooms. Place a (H) near student's name if HANDICAP room is needed.

For Zenith & Cornerstone: Please select group letter A, B, C, D to help us group rooms. Example: 3 girls rooms that need to be in the same group need to be marked all with "B". Boys and Girls groups will not be mixed. For example "A" group for boys is not "A" group for girls.

Room: _____ Male ___ Female

1. _____

2. _____

Group ___A ___B ___C ___D ___E ___F ___Special Needs Student
___Handicap Accessible Rm

Room: _____ Male ___ Female

1. _____

2. _____

Group ___A ___B ___C ___D ___E ___F ___Special Needs Student
___Handicap Accessible Rm

Room: _____ Male ___ Female

1. _____

2. _____

Group ___A ___B ___C ___D ___E ___F ___Special Needs Student
___Handicap Accessible Rm

Room: _____ Male ___ Female

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Group ___A ___B ___C ___D ___E ___F ___Special Needs Student
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Room: _____ Male ___ Female

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Group ___A ___B ___C ___D ___E ___F ___Special Needs Student
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Group ___A ___B ___C ___D ___E ___F ___Special Needs Student
___Handicap Accessible Rm

Room: _____ Male ___ Female

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2. _____

Group ___A ___B ___C ___D ___E ___F ___Special Needs Student
___Handicap Accessible Rm

Room: _____ Male ___ Female

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Group ___A ___B ___C ___D ___E ___F ___Special Needs Student
___Handicap Accessible Rm