



AMBASSADOR BAPTIST COLLEGE

JULY 15-19, 2024

ambassadors.edu/campbarnabas



Dr. Alton Beal

MINISTRY WORKSHOPS

Now is the time to do the work of the ministry in your church.

Learn about:

- Christian character
- Preaching (Men)
- Teaching children (Ladies)
- Godly leadership



Dr. Doyle Robertson

MUSIC WORKSHOPS

Our seasoned music faculty members will be offering personal training.

Learn about:

- Piano classes and lessons
- Voice classes and lessons
- Biblical music philosophy
- Music Theory & Hymnology



Dr. Tom Ashley

MISSIONS WORKSHOPS

Did you know Barnabas was a first-century missionary?

Discover:

- The world and its spiritual need
- What is a missionary?
- Why does God want you?
- How to be a missionary NOW!

\$200
PER CAMPER

You can either pay the full amount, or pay just the \$20 registration fee with the remaining balance due upon arrival.

\$20 off all registrations postmarked by April 1, 2024

Payments may be mailed to:
Ambassador Baptist College
Attn: Camp Barnabas Director
P.O. Box 158
Lattimore, NC 28089

GENERAL INFORMATION

Who: Campers who are 12 years old and entering 7 – 12 grade or having just completed high school.

Accommodations: All campers are housed in the college residence halls. There are a limited number of guest rooms that sponsors may reserve. Accommodations are only reserved when the office has received a completed registration and nonrefundable deposit.

What to bring: Bible, notebook, camera, bedding, pillow, towels, toiletries, spending money for snack shop and bookstore. If you play an instrument, you may bring it and play along in the services.

What not to bring: Alcohol, tobacco, drugs, fireworks, weapons, magazines, and electronic devices.

Guys: T-shirts and jeans may be worn throughout the day. Collared shirts and khakis are required for evening services. Shorts to the knee and athletic pants may be worn during activity time. Tank Tops are not permitted. Clothes must be loose-fitting.

Girls: T-shirts and jean skirts may be worn throughout the day. Nice skirts or dresses should be worn for the evening services. Culottes/guys athletic shorts and t-shirts may only be worn during activity time. Clothes must cover the knee, have a modest neckline, and be loose fitting. Slacks are not permitted.

Note: ABC reserves the right to ask anyone to change attire if, in the estimation of the staff, it does not meet the standards listed above.

Meals: If you have dietary restrictions, please contact the college office at 704-434-0303.

Registration: Check in time is from 2:00 – 4:00pm on Monday, July 15, 2023.

Late Arrivals: If you will be arriving late, please contact the college office at 704-434-0303 before 4:45pm.

Departure: Campers may leave after the Friday evening Week in Review, or they may leave Saturday morning (July 20, 2024). A light breakfast will be served at 8:00am on Saturday morning, and the residence halls will close after breakfast.

FOR PARENTS

1. Campers do not have access to phones and may not use mobile devices. Campers must turn in mobile devices at registration.
2. Campers are expected to stay for the duration of the camp week, except for illness or emergency at home.
3. When writing to a camper, please use the college address. Make sure the camper's name is on the envelope.



REGISTRATION FORM

AMBASSADOR BAPTIST COLLEGE

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Please print and complete all sections with camper information.

REGISTRATION

Gender: Male Female

Name: _____ Shirt Sz: _____

Email: _____

Address: _____

City: _____ State: _____ ZIP: _____

Birthdate: ____/____/____

Grade: _____

Parent/Guardian Contact Phone:

(____) _____

Alternate Contact: _____

I agree to abide by all camp rules and will assume full responsibility for my physical welfare and will not hold Ambassador Baptist College liable in case of sickness or accident.

Camper's Signature:

_____ Date: ____/____/____

Send Registration Form and Payment to:

Ambassador Baptist College
Attn: Camp Barnabas Director
P.O. Box 158
Lattimore, NC 28089

Please enclose your \$20 registration fee.
Note: Registration fees are non-refundable.

Select one track:

Ministry Music Missions

Adult Sponsor

Yes

OFFICE USE ONLY

Fees: _____ Bal: _____

Date: ____/____/____ ID#: _____

CAMPER MEDICAL INFORMATION

Camper's Physician: _____

Physician's Phone: _____

Date of Birth: ____/____/____

Date of Last Tetanus Shot: ____/____/____

Pre-existing Medical Conditions: _____

Medication Taken Regularly: _____

Reason: _____

Allergies (food, medicine, insects, etc.): _____

Type of Allergic Reaction: _____

Treatment Given: _____

Specific Activities to Be Restricted: _____

Reason: _____

HOME CHURCH INFORMATION

Church Name: _____

Pastor: _____

Address: _____

City: _____ State: _____ ZIP: _____

In case of emergency, I understand that every effort will be made to contact the parents or guardians of campers. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for and order injection, anesthesia, or surgery for my child. I also affirm that the medical information above is complete and accurate and will not hold Ambassador Baptist College liable in case of sickness or accident.

Parent/Guardian Printed Name:

Parent/Guardian Signature Name:

Date: ____/____/____