

K i c k i n g B e a r
CAMP FOR KIDS 

www.kbil-camp.org

Child's Name: _____ Child's Age: _____

Name of Parent (Guardian): _____

Address of Parent (Guardian): _____

City: _____ State: _____ Zip: _____

Phone # of Parent (Guardian): (_____) _____

Parent (Guardian) Signature: _____

(Circle one) Youth Shirt Size - Small Medium Large

Adult Shirt Size - Small Medium Large X-Large

Will you be providing your own Tent Yes / No

Do you need a Tent provided Yes / No

Please mail-completed form to:

Mark Thompson
1040 W. Bloomington Rd.
Champaign, IL 61821



**Make A Difference In
A Kid's Life.**

Help KICKING BEAR One-On-One succeed.