

# kaf 2019

## ROOM ASSIGNMENTS

| Church Name                   | Youth's Pastors Name     | Contact Number             |
|-------------------------------|--------------------------|----------------------------|
|                               |                          |                            |
| <b>Total number in Group:</b> | <b>Number of campers</b> | <b>Number of Chaperone</b> |

***This form must be returned to Christian Retreat as soon as possible.  
We MUST have it in hand at least 3 weeks prior to camp starting.***

List all the members of your group who will be attending "KAF", including counselors and Children's Pastors. Indicate whether they are chaperones or campers. Please make copies of this form if more are needed.

There are 2 double beds in each room. Due to the number of campers, we MUST HAVE at least 5 to a room. Please bring sleeping bags and extra pillows. There are vinyl covered foam mattresses available for most rooms. **For The churches with large groups, please know that your group may be split up between the inside and the outside rooms. We are asking the larger groups (50 or more campers) to put 4 rooms of boys in the outside rooms(Miracle Manor).They are smaller rooms so put only 4 per room.**

*Please consider maturity level when putting youth in rooms without adult counselors.*

*List any Special needs certain individuals may have. (baby bed, refrigerator for medication only, etc.)*

**PLEASE PRINT:**

|   | Name | Male or Female | Age | Chaperone or Camper | Special Needs |
|---|------|----------------|-----|---------------------|---------------|
| 1 |      |                |     |                     |               |
| 2 |      |                |     |                     |               |
| 3 |      |                |     |                     |               |
| 4 |      |                |     |                     |               |
| 5 |      |                |     |                     |               |
| 6 |      |                |     |                     |               |

|   | Name | Male or Female | Age | Chaperone or Camper | Special Needs |
|---|------|----------------|-----|---------------------|---------------|
| 1 |      |                |     |                     |               |
| 2 |      |                |     |                     |               |
| 3 |      |                |     |                     |               |
| 4 |      |                |     |                     |               |
| 5 |      |                |     |                     |               |
| 6 |      |                |     |                     |               |

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| 1 |      |                |     |                     |               |
| 2 |      |                |     |                     |               |
| 3 |      |                |     |                     |               |
| 4 |      |                |     |                     |               |
| 5 |      |                |     |                     |               |
| 6 |      |                |     |                     |               |