

2026
JTC/AJTC ACTION CAMP
 MICHIGAN DISTRICT
Thursday June 25th through Saturday June 27th 2026
TRAINEE APPLICATION

WHO: Royal Rangers 12 years and older.
WHERE: River of Life Assembly, 16650 Sumpter Rd, Belleville, MI 48111
COST: Registration is \$100.00

Registration deadline is July 16th 2025.

A limited number of Rangers will be allowed to attend this camp. The camp fee includes a special JTC hat for each camper, patches, food, supplies etc. Registration will be at 12:00 noon on Thursday morning and then camp classes will begin at 1pm. Camp ends at 4pm Saturday afternoon.

REFUNDS: If for some reason you are not accepted for this camp, you will be notified by mail and your check will be returned. There are no refunds for this camp! Should you be accepted and then not show up, you may send a substitute in your place but they must have a completed application when they arrive. Otherwise your camp registration fee will be considered a donation to Royal Rangers. If the camp is canceled by the JTC Staff for any reason, your money will be returned.

Name of Leader Attending Camp with Boys: _____

PLEASE PRINT:

Boys Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Church: _____
 City: _____ State: _____
 Outpost Number: _____
 DOB ____ / ____ / ____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Home Phone: (____) _____ - _____
 Work Phone: (____) _____ - _____
 Relationship: _____
 E-Mail _____

PARENTAL AUTHORIZATION

I understand that there is a certain degree of risk and possible injury by reason of the activities at this camp. I will not hold the local church, Royal Rangers or any of their staff, the Assemblies of God, nor River of Life Church, or any of their agents or staff, responsible for accidents or injuries. I understand there will be an Emergency First Aid Station on location. In the event of an illness or accident, I do hereby give my consent to the staff to administer any medical treatment deemed necessary by licensed Physicians, Dentists or Emergency Medical Personnel serving during this event. I also give my permission for any pictures taken of my child to be used for promotional efforts for the JLTA.

_____ / ____ / ____
 (Signature of Parent or Guardian) (Date)

Trainee Medical History: Good Health ? _____ Allergies: _____
 Physical impairments (heart, epilepsy, etc.) _____
 Special medications required ? _____
 Allergic to medications ? _____ What types: _____
 Health Insurance Provider Name: _____ Group Number _____
 Doctor's Name: _____ Phone number: (____) _____ - _____

MAIL THIS APPLICATION AND CAMP FEE TO:
 (Make checks payable to Michigan Ministries Network)
 (Write account # 42144 on the memo line of your check)

JTC/AJTC- C/O Frank Fenbert
 41141 Savage Road
 Van Buren Twp, MI 48111