



MADISON COUNTY BAPTIST ASSOCIATION

P.O. Box 25 • 461 Hillsboro Drive
New Market, AL 35761
www.campmacoba.org

A Place To Play
A Place To Rest
A Place To Study
A Place To Pray

Camp MACOBA Reservation Application

Group: _____

Event: _____

Dates: _____

Facilities: Campground Pavilion Ponds Field RV Sites
(circle all that apply)

Contact Person: _____

Address: _____ City: _____

Zip: _____ Phone: _____

E-Mail Address: _____

I have read and agree to abide by the Camp MACOBA guidelines, policies and rules:

(A copy of these guidelines, policies and rules can be found on the Camp's website, campmacoba.org.)

Signature of Applicant

For Office Use Only:

Event Approved By: _____ Date: _____

Deposit Received: Yes No

Deposit Returned: Yes No

Total Attending Event: _____

If Deposit Was Not Returned Explain Below:

People x Days = _____

Usage Fee Received: \$ _____ N/A
