



UNY CAMP & RETREAT MINISTRIES SUMMER CAMP REGISTRATION FORM

Reminder
IT'S EASY TO REGISTER ONLINE
AT CAMPSANDRETREATS.ORG

FAMILY INFO

NAME OF CAMPER: _____
CAMPER ADDRESS (Street, City, Zip): _____

Parent 1/Guardian Name: _____ Occupation: _____
Home Phone: _____ Work Phone: _____
Cell/Pager Number: _____ E-mail: _____
Address: _____
_____ (if different than camper)

Parent 2/Guardian Name: _____ Occupation: _____
Home Phone: _____ Work Phone: _____
Cell/Pager Number: _____ E-mail: _____
Address: _____
_____ (if different than camper)

Date of Birth: _____ Male Female
Age at Camp: _____ Grade Entering: _____
Camper E-mail: _____
Camper T-shirt size (circle one) **CHILD:** Sm Med Lg **ADULT:** Sm Med Lg XL XXL
Cabinmate Request: _____
(If possible, we will honor your request for one cabinmate, if campers are the same age group/program and each lists the other on their registration form.)
Camper resides with: Mother Father Both Other: _____

Notes for leaders to help my child have a super week.
Please note a recent family loss/change, custody information, medical needs, dietary requirements/allergies, life-threatening allergies, behavioral notes. These notes are used to help prepare for camp. They are not used to establish eligibility. Please attach extra pages as needed.

first heard about camp through: Church Brochure Website Family Friend
 Newspaper Other: _____

CAMPER INFO

CHOICES

please list your top
3
1. _____
2. _____
3. _____

Dates: (ex. 06/12-06/17)

Program Name: (ex. Game Crazy)

Site: (Aldersgate/Casowasco/Findley/Sky Lake/Skye Farm)

Fee:

I'm selecting: Tier One (YELLOW) Tier Two (PINK) Tier Three (BLUE) **Total Program Fee(s):** \$ _____

DISCOUNTS & PAYMENT

Early Bird Discount (Register by May 1st) (-\$10.00) \$ _____
Sibling Discount (-\$15.00 max per camper) \$ _____
My Sibling (name) _____ is attending (program) _____
_____ at (site) _____

Reminder: A \$25 discount will be credited to your account with each friend that registers. Email your friend's name to info@campsandretreats.org

\$75*
deposit per session must accompany registration.

Total Discounts -\$ _____
\$1 donation to the CRM Scholarship fund +\$ _____
Total \$ _____
Amount Enclosed* \$ _____
Balance Due \$ _____

Method of Payment: Check # _____ Visa Mastercard (Charge will show as "Upper New York Annual Conference")
Card Number: _____ Expiration Date (XX/YY): _____ / _____ 3 Digit Security Code: _____
Cardholder's Name (please print): _____
Cardholder's Address (Street, City, Zip): _____
Cardholder's Signature: _____

SIGN

PARENTAL/GUARDIAN PERMISSION:
I hereby give my permission for my child (named above) to attend the camp session for which he/she is registering. I understand that my child's name/address/e-mail address may be shared with his/her program group and UM agencies, and still/video pictures of my child may be used for promotional purposes unless I notify the camp administration in writing to the contrary. The camp administration has my permission to secure emergency medical care as needed until I can be reached. I understand that properly completed medical information is required for attendance. I understand that summer camp programs may include off site travel and/or off site swimming.
Signature of Parent/Guardian: _____ **DATE:** _____

****Remember to make checks payable to UNYAC and mail to UNY CRM 3343, St Rt 38, Moravia NY 13118**

FOR OFFICE USE ONLY: CAMPER NAME _____ Postmark Date _____ R#d _____