



Summer Camp Registration Form

Reminder

IT'S EASY TO REGISTER ONLINE
AT CAMPSANDRETREATS.ORG

FOR OFFICE
USE ONLY: CAMPER NAME

FAMILY INFO

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

Parent 1/Guardian Name: _____ Parent 2/Guardian Name: _____
Occupation: _____ Occupation: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell/Pager Number: _____ Cell/Pager Number: _____
E-mail: _____ E-mail: _____
Address: _____ Address: _____
_____(if different than camper) _____(if different than camper)

Name of Church: _____ City: _____ Denomination: _____
Sponsoring church/agency responsible for payment: _____ Amount (if known): \$ _____

CAMPER INFO

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.

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

CHOICES

please list your top **3**
Dates: (ex. 06/12-06/17) _____ **Program Name:** (ex. Game Crazy) _____ **Site:** (Aldersgate/Casowasco/Findley/Sky Lake/Skye Farm) _____ **Fee:** _____
1. _____
2. _____
3. _____

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:** _____

Postmark Date

Rcd