



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)

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

FOR OFFICE USE ONLY: CAMPER NAME _____

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):** \$ _____

Postmark Date _____

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: _____

Rc'd _____

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