

Asbury Camp & Retreat Center - Asbury Express Registration Form 2019

FAMILY INFO:

Name of Participant: _____

Participant Address: _____ City _____ State _____ Zip _____

Parent 1/Guardian Name: _____ Parent 2/Guardian Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell/Pager Number: _____ Cell/Pager Number: _____

Email: _____ Email: _____

Address (if different than camper): _____ Address (if different than camper): _____

Name of Church: _____ District _____ City: _____ Denomination: _____

PARTICIPANT INFO:

Date of Birth: _____ Male Female Age at Program: _____ Participant E-mail: _____

Grade (as of Fall 2019) _____ This is my _____ time at Asbury.

T-shirt size (please circle) CHILD: Sm Med Lg ADULT: Sm Med Lg XL XXL

Roommate Request: _____

(If possible, we will honor your request for one roommate.)

Note 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. Please attach extra pages as needed.

Participant resides with: _____ I first heard about Asbury Express through: _____

Program/Financial Info:

Please circle which program attending: **Asbury Express I (Ages 7 – 9) July 21 - 24 \$296**

Asbury Express II (Ages 10 – 12) July 21 - 24 \$296

Asbury Express III (Ages 13 - 18) Aug 4 - 7 \$327

***Note: A registration deposit of \$75 for Asbury Express I, II and/or III must accompany registration form and is both non refundable & non transferable.**

Total Fee: \$ _____ Amount Enclosed*: _____ **Please make all checks payable to the**

Balance due \$ _____ **“Upper NY Annual Conference” or “UNYAC”.**

Method of Payment: Check # _____ Visa/MasterCard (Charge will show “Upper New York Annual Conference)

Card Number: _____ Exp: (XX/YY) _____/_____ 3 Digit Security Code: _____

Parental/Guardian Permission:

I hereby give permission for my child (named above) to attend the session for which he/she is registering; for my child's name/address/e-mail address to be shared with his/her program group and UM agencies; and for still/video pictures of my child to be used for promotional purposes. In the event of accident/illness, the camp administration has my permission to secure emergency medical care as needed until I can be reached. I understand that a properly completed health form is required for attendance.

Signature of Parent/Guardian: _____ Date: _____

*****Please send registration and payment to Asbury PO BOX 218 Silver Lake NY 14549*****

Questions: info@asburyuny.org or 585-237-5262