

Presbyterian Camps Summer 2011 Registration Form

Please complete and detach form and mail it with your non-refundable deposit to:
Registrar, Presbyterian Camps, 631 Perryman Street, Saugatuck, MI 49453

Make checks payable to "Presbyterian Camps"

The balance, including any local church sponsorship of camper is due one week prior to your camp.

Camper Name (Or Family Name for Family Camp) _____

Home Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Name of Home Church/Agency _____

1st Choice: Camp and Date (Example: Mini Camp I, June 19-22) _____

2nd Choice: Camp and Date _____

Youth Program Information: Age _____ School grade completed _____ Birth date _____ Male Female

Parent/Guardian Name _____ Contact Information (if different from camper's) _____

Cabin Pal Request: (one person only) _____

Please circle T-shirt size: Youth: S M L Adult: S M L XL XXL

Has the applying camper ever attended Presbyterian Camps before? Yes No

Has the applying camper ever been away from home overnight? Yes No

Critical conditions/restrictions, about your child (medical, physical conditions/restrictions/other): _____

Alternate Emergency Contact: _____ Relationship to Camper: _____

Phone: Day () _____ Night () _____

Is there anyone legally restricted from seeing the camper? No Yes (If yes, who?) _____

For Family Camp: Adults attending: _____ Children and ages attending: _____

Payment Information

Enclosed is my check or money order in the amount of \$100 per camper for:

Gray Kema Family Camp (\$50 per family member)

Bill my credit card \$ _____ Type of Card: Visa MasterCard Discover

Name on Card: _____

Card Number _____ Exp Date _____ Security Code _____

Billing Address for Card: _____

I understand that the balance is due one week prior to start of camp. The balance will be forwarded by:

personal check credit card church _____ other _____

I authorize Presbyterian Camps to add \$3.00 to my total charge to help offset the cost of credit card processing.

By registering my child or family for camp, I permit the appropriate use of my child's image, voice, and likeness for Presbyterian Camps publicity materials. If requested by the Director; I will pick up my child or arrange to have my child picked up early from camp (e.g. homesickness, illness, behavior).

Parent/Guardian or Adult Camper's Signature: _____ Date: _____

Enclosed is a contribution of: \$25 \$50 \$100 or \$ _____ to the Camps' Scholarship Fund

Please send information about ways to support Presbyterian Camps with a special gift or planned giving. Yes No

For office use only:

Date Received:

Deposit Amount:

Date confirmed:

Balance Due: