

# Presbyterian Camps Registration Form for Memorial Day Work Weekend for Families and Friends

Please fill out one registration form and a skill inventory form for each team member or family member.

Mail or fax payment and form(s) no later than Friday May 18<sup>th</sup> to:

**Presbyterian Camps**  
**Attn: Memorial Work Weekend 2012**  
**631 Perryman Street**  
**Saugatuck, Mi 49453**  
**Fax: 269 – 857 - 3107**

Make checks payable to “Presbyterian Camps”

Name of volunteers(ages): \_\_\_\_\_  
 Estimated Day/Time of Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Church Name: \_\_\_\_\_  
 T-shirt size of all volunteers: \_\_\_\_\_

**Insurance Information**

Carrier: \_\_\_\_\_ Group # \_\_\_\_\_  
 Individual# \_\_\_\_\_ Name of Insured \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_  
 Yes, I give permission for emergency treatment: \_\_\_\_\_ (please sign)

### Payment Information

**Discounted Cost for Work Weekend: \$85 per adult, \$75 per youth (12-17), \$45 per child (3-11), \$15 per infant (2 and under)**

**Meals provided: breakfast, lunch and dinner on Saturday and Sunday and breakfast on Monday**

\_\_\_ Enclosed is a check or money order for \$ \_\_\_\_\_ (make checks payable to “Presbyterian Camps”)  
 \_\_\_ Bill my credit card for \$ \_\_\_\_\_ Circle type of card:    Visa    Master Card    Discover Card  
 Name on card: \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ 3 Digit Sec. Code: \_\_\_\_\_  
 Billing Address if different from above: \_\_\_\_\_

\_\_\_ I understand that payment in full for all participants must be included in the registration.  
 \_\_\_ I understand that the Skills Inventory must be completed by each member of my family or team.  
 \_\_\_ Enclosed is a contribution for materials of:    \$25    \$50    \$100    \$150    \$ \_\_\_\_\_

### Skills Inventory

**Please make copies of this section of the form for each volunteer in your family or group. Skills will be matched with work projects to maximize each individual’s experience.**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

With 1 being no experience and 6 being a trained expert or professional in the field, please circle the number that best describes your skill level and experience.

<i>Experience: Low</i>		<i>High</i>
Painting	1   2   3   4   5   6	
Drywalling	1   2   3   4   5   6	
Carpentry	1   2   3   4   5   6	
Roofing	1   2   3   4   5   6	
Yard Work	1   2   3   4   5   6	
Masonry	1   2   3   4   5   6	
Plumbing	1   2   3   4   5   6	
Electrical	1   2   3   4   5   6	

What type of project do you prefer to work on or are comfortable doing?

Do you have a preferred work team?                      Yes      No  
 If yes, who?

Are you willing to be a work team leader?    Yes      No  
 (trades-people or high expertise level only)

If so, what is your trade or expertise?