



SUMMER CAMP REGISTRATION FORM

Complete a separate form for each camp registration.

This form may be photocopied or requested from the Conference office. Please print or type.

Camper Information

To receive early registration fee, registrations must be postmarked by March 31, 2017
Registration deadline for June and July camps is May 15.

Camper Name _____ Home Ph (_____) _____

Street Address _____

City _____ State _____ Zip _____

If Adult camper: Work Ph (_____) _____ Cell Ph (_____) _____

Family Email * _____ * We ask that you provide our office with at least one family e-mail address that is checked regularly. This will be used to communicate with you about camp if necessary.

Church Name _____ Church City _____

Date of Birth _____ Grade (as of April 14 of camp year) _____ Male ___ Female ___

Camper MUST be within the age and/or grade range specified for the camp they wish to attend. Do not provide incorrect data; please contact the registrar if you need assistance.

For office use
Church No. _____
Date Reg. Received _____

Complete if Camper is under 18

Parent/Guardian 1 _____

Parent/Guardian 2 _____

Cell Ph (_____) _____

Cell Ph (_____) _____

Work Ph (_____) _____

Work Ph (_____) _____

Event # _____ Camp Name _____

Payment Calculations (please complete)		
1	Total Event Fee: Enter correct fee for date <input type="checkbox"/> Post marked by March 31 <input type="checkbox"/> Post marked after March 31	
	\$ _____	
2	Family Discount: Subtract (10%) if your household has 3+ campers/camp events	
	- _____	
TOTAL ADJUSTED DUE =		
	\$ _____	
3	Subtract enclosed amount of Payment toward camp event (minimum deposit for full week camp \$75, for half week camp \$35)	
	- _____	
CAMP BALANCE = (Full payment due 2 weeks before camp)		
	\$ _____	
4	Donation to Campership Fund (add to payment)	
	\$ _____	
<input type="checkbox"/>	Conference Campership requested for camper <i>A completed Conference Application, signed by our pastor, is included with this registration and deposit (required).</i>	
<input type="checkbox"/>	Church Assistance <i>Assistance from our church paid to Outdoor Ministries is anticipated and I believe it will be \$ _____ (check with your church).</i>	
Signature of Parent/Guardian or Adult Camper		
Payment Options		
Check or Money Order payable to <i>Ohio Conference UCC</i> # _____		
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
Card # _____	Security # _____	
Exp. Date _____	At this time charge: \$ _____	
Authorized Signature (a legible, official signature, as stated on your credit card is needed to process payment)		

Information for Camp Director

(information will be forwarded to the directors)

of Brothers ___ Ages _____

of Sisters ___ Ages _____

Dietary Needs _____

Mobility Needs _____

Medical Needs _____

Camps you have attended _____

Church activities _____

School activities _____

Hobbies _____

Family/GPGC Camp room mates _____

Camper: Please write a paragraph about yourself that will help your camp staff know you better. Please use a separate sheet of paper and include your name, the Event #, and Camp name at the top of the page!

Parent/Guardian: It is our objective and firm commitment to treat each camper as an individual. Any information you can share with us about your child is appreciated and helpful. Include descriptive comments such as: shy or outgoing, works best alone or with a group, talkative or reflective, etc. Do not limit your comments to these categories but, in your own words, help us to provide your child a healthy, growing, Christian camp experience. Please use a separate sheet of paper and include the Camper's name, the Event #, and Camp name at the top of the page.

Return Registration and payment to: Outdoor Ministries Registrar, Ohio Conference UCC, 6161 Busch Blvd Ste 100, Columbus, Ohio 43229-2547.

Return Medical Form and Photo Release to the address above with your registration form. Take the Transportation Release form to camp.