



# 2018 Summer Residential Camp Registration Form



## Camper Information

Name \_\_\_\_\_  Male  Female

Street Address \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade Completed \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Allergies \_\_\_\_\_ Dietary Needs \_\_\_\_\_

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

Handicap accessible room needed? Other Special Requests \_\_\_\_\_

How did you hear about Camp? \_\_\_\_\_ Name of Home Church \_\_\_\_\_

## Session Choice

Do NOT share my contact information with other campers

Session Name \_\_\_\_\_ Start Date \_\_\_\_\_

Cabin mates / Room Assignment \_\_\_\_\_

## Parent / Guardian / Emergency Contact Information

Name	Relationship	Home Phone	Cell Phone	Email

## Payment (Make check or money order payable to Pilgrim Heights Camp & Retreat Center.)

Total Session Fee: \$ \_\_\_\_\_

### Financial Support By Others: (Payments to be made by Your Church REQUIRE the Pastor's Signature)

Payments by Others: - \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

### Early Bird Discount:

Registrations postmarked on or before **April 30<sup>th</sup>** will receive **\$25** off the price of camp.

**Super-Early Discount:** Postmark your registration by **April 1<sup>st</sup>** and receive **\$35** off!

Discount Applied: - \$ \_\_\_\_\_

**\*FORMS MUST BE RETURNED 2 WEEKS PRIOR TO CAMP START DATE TO AVOID A \$25 PROCESSING FEE\***

**\*Deposit: \$75 non-refundable deposit due at Registration.\***

Amount Enclosed: - \$ \_\_\_\_\_

Remaining Balance: \$ \_\_\_\_\_

**Registration:** You will receive confirmation upon receipt of registration along with a [Health Form](#). Each year, all campers, regardless of age, must submit a current [Health Form](#). Campers under the age of 18 are also required to provide documentation of a current physical examination, within 12 months. These documents must be returned by Check-In. The information on all medical forms is kept confidential.

**Terms of Agreement:** I grant permission for my camper to participate in all camp activities including swimming, boating, low ropes challenge activities and potentially off site trips by van or bus. In case of accident or illness, Pilgrim Heights is authorized to secure emergency transportation and medical treatment for my camper. Pilgrim Heights has my permission to use photographic images of my camper for official use without compensation.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_