



2017 Summer Residential Camp Registration Form



Camper Information

Name _____ Male Female

Street Address _____ Birthdate _____ Grade Completed _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Allergies _____ Dietary Needs _____

Handicap accessible room needed? Other Special Requests _____

How did you hear about Camp? _____ Name of Home Church _____

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

Session Choice

Do NOT share my contact information with other campers

Session *NUMBER* and 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 _____

(Payments to be made by Your Church require the Pastor's Signature)

New Camper Discount:

Discount Applied: - \$ _____

1st Time Campers (who have not attended Pilgrim Heights Camp) and the returning camper who referred them can **Both** receive a **\$25 discount!!**

New Camper _____ Returning Camper _____

Deposit: \$50 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 _____

**Come and Visit Pilgrim Heights
Throughout the Year!**

**Men's Spring Work Weekend
March 31-April 1**

**Spring Work Weekend
April 21-23**

**Day of Discovery
May 7**

**UCC Confirmation Retreat
Aug. 25-26**

**Men's Fall Retreat
Oct. 27-28**

**Women's Retreat
Nov. 17-18**

**Environmental Education Day Camp
All Summer Break**

For more information, see www.PilgrimHeights.org

Get the details and sign up today!