

2010 Camp Registration Form

Please complete a separate form for each camp registration. This form may be photocopied or requested from the Conference office.
Please print or type.

Camper's Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (if adult) (_____) _____

Family Email _____ Camper Email _____

We will use this address to communicate with you about camp if necessary. Please do not give an address that is not checked regularly.

Church Name _____ City _____

Date of Birth _____ Grade (as of 04/01/10) _____ Male _____ Female _____

Church # for office use only

Camper **must** be within the grade range specified for the camp they wish to attend.

T-shirt size: Youth _____ (S, M, L) Adult _____ (S, M, L, XL, 2X, 3X)

Under Father/Guardian _____ Work # (_____) _____ Email _____

18 Only: Mother/Guardian _____ Work # (_____) _____ Email _____

Please complete for events desired:

Choice	Event #	Name of Event
First		
Second		

Payment

Please make checks payable to: Ohio Conference UCC. Complete credit card authorization below, or register and pay with credit card on our secure website at www.ocucc.org. Click on **2010 summer camp schedule and registration** to start.

Charge to: VISA _____ MasterCard _____ Discover _____

Credit Card Number: _____

Expiration Date: Month _____ Year _____

Charge to this account: Deposit Only Full Amount

Authorized Signature (A legible, official signature, as stated on your credit card, is needed to process payment.) _____

Please print your name: _____

Return form and payment to:

Outdoor Ministries Registrar
 Ohio Conference UCC
 6161 Busch Blvd., Suite #95
 Columbus, OH 43229-2547
 Fax: 614-885-8824

DO NOT SEND
 Buff Health Form
 White Agreement to Participate
 Blue Transportation Release
BRING FORMS TO CAMP

Please Complete:

Event fee: _____

Subtract family discount (for 3+ campers/camp choices): _____

Subtotal: _____

Subtract enclosed deposit or amount submitted: - \$75.00

BALANCE DUE _____

Donation to Campership Fund _____

Donation to CAMPFIRE'S Annual Fund _____

Conference Campership needed: _____ (Application must be enclosed)

Signature of Parent or Guardian _____

***** **Please Fill Out This Information for Your Camp's Director (Office will forward information to the Director)** *****

Camper's Name : _____ Gender: M ___ F ___ Age: _____ Home Phone: (_____) _____

Father/Guardian: _____ Work #: (_____) _____

Mother/Guardian: _____ Work #: (_____) _____

of Brothers: _____ Ages: _____ # of Sisters: _____ Ages: _____

Do you have any: Dietary Needs? _____ Mobility Needs? _____

Medical Needs? _____

Camps you have attended in the past: _____

Church Activities: _____

School Activities: _____

Hobbies: _____

Special Request: _____

Camper: Please write a paragraph about yourself that will help your camp staff know you better. Please use a separate sheet of paper.

Statement from 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 would be appreciated and helpful. Include descriptive comments such as: shy or outgoing, works best alone or with a group, talkative or reflective, etc. Please 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.