

2012 Camper Registration Form

- Sign and return it with a **NON-REFUNDABLE, NON-TRANSFERABLE Registration Fee of \$100 per camper/per camp**. Make Check or money order payable to: BW CONFERENCE TREASURER.
- Mail to: SUMMER CAMP, P.O. BOX 429, CHURCHTON, MD 20733-0429.
- Camps fill on a first-come, first-serve basis. Registrations are NOT accepted by phone.
- **PLEASE PRINT:** (please do not list more than one camper per application)

Last Name: _____ First Name: _____

Address _____

Street Address

City

State

Zip

Home Phone (____) _____

Grade **Entering** in September: _____

Date of Birth _____ Age _____ **Gender:** Female Male

Is the camper eligible for Free or Assisted School Lunch? yes no

How did you hear about our camp? Church Friend Advertisement Website Other _____

Camper Status: New Camper Returning Camper

Church (no initials) _____ District _____

Pastor's Name _____

Primary Parent/Guardian _____ Day Phone (____) _____

E-Mail Address: _____

Secondary Parent/Guardian _____ Day Phone (____) _____

E-Mail Address: _____

Directors and Counselors ONLY! If this application is for **YOUR CHILD**, please indicate here:

Director's Child Counselor's Child Staff's Child Nurse's Child

Director/Counselor Name: _____ Week of Camp: _____

Check appropriate box. In the event your first choice is full and no second or third choice is listed, the application will be returned to the camper. If you have no second or third choice, please indicate.

First Choice: Manidokan West River* Date of Camp _____
 Name of Program (Discovery 3-4, Adventure 7-8, etc.) _____ Camp Code _____

Second Choice: Manidokan West River* Date of Camp _____
 Name of Program (Discovery 3-4, Adventure 7-8, etc.) _____ Camp Code _____

Third Choice: Manidokan West River* Date of Camp _____
 Name of Program (Discovery 3-4, Adventure 7-8, etc.) _____ Camp Code _____

**If registering for Ultimate Middle School at West River, please write in the specialty area of your choice:*

Please note that all applications are processed in order of receipt. Camps are filled on a first-come, first-served basis. We cannot reserve a space for any camper over the telephone.

TURN OVER PLEASE!

Are there any physical, emotional or mental health conditions that we should know about?

Do you have a roommate request?* Name of roommate _____

**We cannot guarantee that we will meet each request; depending on number of participants, special needs, and program factors we will do our best to honor these requests. Campers must be of same gender and registering for same program.*

Grandparent/Family Programs ONLY!! Please list other members attending with you.

Name _____ Birth date _____ Age _____ Gender M F
 Name _____ Birth date _____ Age _____ Gender M F
 Name _____ Birth date _____ Age _____ Gender M F
 Name _____ Birth date _____ Age _____ Gender M F

Attach extra paper if needed. All confirmation material will be sent to the Registrant listed on the front page.

MUST BE COMPLETED

By signing here I understand that once this application is accepted for the week of one of the choices listed above, **the \$100 registration fee is NON-REFUNDABLE AND NON-TRANSFERABLE.** The remaining balance is **due no later than one month prior** to the start of my child's week of camp. If the local church is contributing to the cost, it is my responsibility to make sure payment from the church is sent one month prior to the start of my child's camp. If for some reason my child cannot attend camp after registering, written notification must be sent one month prior to the start of camp for partial refund. If no written notification is received or it is within one month of camp, there will be no refund. NO EXCEPTIONS.

I also hereby give permission for my child to attend the camp event listed above. In addition, for promotional purposes only, the Baltimore-Washington Conference has my permission to use pictures or videos that include my child.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Method of Payment: Registration fee is non-refundable. Please note final payment is due within one month of the beginning date of camp. Payment may be sent:

1. Online – log in to make full or partial payment by credit card.
2. Mail – Send check/money order made payable to “BWC Treasurer” to Summer Camp, PO Box 429, Churchton, MD 20733
3. Fax – Camper name and payment form below completed to 410-867-3741.

Cash _____ Check _____ Visa _____ MasterCard _____ Total Amount to Charge _____
 Print Name of Card Holder _____ Signature _____
 Card # _____ - _____ - _____ - _____ Expiration Date _____
(month/year)

I authorize that the total cost of camp be charged to my credit card. Please note: **Charges may show on your statement as “BW Conference”, “Balt Annual Conf”, or “Balt Conf Treasurer”.**

Record # _____	FOR OFFICE USE ONLY						Camp Code _____
	Fee	Deposit	2 nd pymt.	3 rd pymt.	Campership	Church pymt 1	Church pymt 2
Amount							
Check/Mo #							
Credit Card							
DATE							