

# DEAF/ASL CAMP REGISTRATION FORM

Manidokan Camp & Retreat Center: July 29-August 3, 2012

- **To register:** fill out this form, sign it, and send it with your **NON-REFUNDABLE, NON-TRANSFERABLE** registration fee of \$100.00 per camper/per camp.  
*Make check or money order payable to BW Conference Treasurer.*
- **Mail your registration and fee to:** Summer Camp, P.O. Box 429, Churchton, MD 20733-0429.
- Camps fill on a first-come, first-served basis. Registrations are NOT accepted by phone.
- Please fill out a separate registration form for each camper.

**If you are applying for financial aid (a scholarship),** fill out this form and scholarship application (found at [www.deafcampsinc.org](http://www.deafcampsinc.org)). Send **BOTH FORMS** to the address on the scholarship application. Once your scholarship application has been processed, you will get a letter telling you how much financial aid you have received. The Camping Office will bill you for the balance you owe, if any.

## PLEASE PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Grade **Entering** in September: \_\_\_\_\_

Phone type: VOICE TTY VIDEOPHONE IP-RELAY TEXT

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ **Gender:** \_\_\_ FEMALE \_\_\_ MALE

Is the camper eligible for Free or Assisted School Lunch? \_\_\_ YES \_\_\_ NO

**How did you hear about us?** \_\_\_ Church \_\_\_ Friend \_\_\_ Web \_\_\_ Magazine \_\_\_ Other \_\_\_\_\_

Church (no initials) \_\_\_\_\_ District \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Primary Parent/Guardian \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

Phone type: VOICE TTY VIDEOPHONE IP-RELAY TEXT

Email address \_\_\_\_\_

Secondary Parent/Guardian \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

Phone type: VOICE TTY VIDEOPHONE IP-RELAY TEXT

Email address \_\_\_\_\_

**DIRECTORS AND COUNSELORS ONLY:** If this registration is for your child, please indicate here:

\_\_\_ Director's child \_\_\_ Counselor's Child \_\_\_ Nurse's child \_\_\_ Staff's child

Director/counselor name \_\_\_\_\_ Camp \_\_\_\_\_

## Please choose which camp your child would like to attend:

\_\_\_\_\_ Deaf Camp, Ages 7-19 \_\_\_\_\_ American Sign Language Camp, Ages 8-18

----- Turn over please! -----

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.

Does the camper have any physical, emotional, or mental health conditions that we should know about?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MUST BE COMPLETED**

By signing here, I acknowledge that once this application is accepted for the camp 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 to camp by May 30th for a partial refund. If no written notification is received or if it is after May 30<sup>th</sup> 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 3 weeks of 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 made payable to “BWC Treasurer” to: Summer Camp, P.O. Box 429, Churchton, MD 20733-0429.
3. **Fax** - camper name, payment amount with credit card number to 410-867-3741.

Payment type:  Cash  Check  Visa  MasterCard

Print name of card holder \_\_\_\_\_ Signature of card holder \_\_\_\_\_

Card # \_\_\_\_\_ Expiration date \_\_\_\_\_ TOTAL AMOUNT TO CHARGE: \$ \_\_\_\_\_  
(month/year)

*I authorize the amount above to 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 <sup>nd</sup> payment	3 <sup>rd</sup> Payment	Scholarship	Church Payment 1	Church Payment 2
Amount							
Check/MO #							
Credit Card							
Date							

