

2017 Camper Registration Form

- Sign and return it with a **NON-REFUNDABLE Registration Fee: \$100 per camper/per overnight camp :\$50 per camper / per Day Camp (West River)**
- 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 If returning, how many summers have you come? _____

Church (no initials) _____ District _____

Pastor's Name _____

Primary Parent/Guardian _____ Phone (____) _____

E-Mail Address: _____

All confirmation will go via email if email is listed. Only if there is not an email address will you get confirmation via US postal mail.

Secondary Parent/Guardian _____ 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.) _____

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

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

**If registering for Ultimate Mid High at West River, please write in specialty are of your choice:*

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

Do you have a roommate request? * **Name of requested 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.*

Grandparents/Family Camps ONLY!! Please list other members attending with you.

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

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Name _____ Birth date _____ Age _____ Grade _____ 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 registration fee is NON-REFUNDABLE**. All balances are due by June 1st for all programs. If the local church is contributing to the cost, it is my responsibility to make sure payment from the church is sent by deadline for my child's camp. If for some reason my child cannot attend camp after registering, written notification must be sent to camp: if another camper can fill that space you will receive a partial refund; if we are unable to fill the space, no refund. If no written notification is received 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. Payment may be sent:

1. Online -- log in to make full or partial payment by credit card.
2. Mail – Send check/moneyorder made payable to “BWC Treasurer” to Summer Camp, PO Box 429, Churchton, MD 20733.
3. Fax – Camper name and completed payment form below to 410-867-0991.

Cash Check **Visa/MasterCard** **Total Amount to Charge** _____
 Print Name of Card Holder: _____ Signature _____
 Card # _____ - _____ - _____ - _____ Expiration Date _____ Verification Code _____
(month/year)
 Billing Address: _____ City: _____ St: _____ Zip _____

I authorize that the total above be charged to my credit card.

Charges may show on your statement as Doc Network LLC, Ann Arbor, MI

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

