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
- 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 N	Jame:					
Street	t Address		City	State Zip				
	_)		_					
Date of Birth		Age	Gender : □ Female □	Male				
Is the camper eligi	ble for Free or Assisted S	chool Lunch? □ y	es 🗆 no					
How did you hear	about our camp? ☐ Churc	ch \Box Friend \Box A	dvertisement Website	e 🗆 Other				
Camper Status: □	New Camper □ Returni	ng Camper If retu	rning, how many summe	rs have you come?				
Church (no initials	Church (no initials) District							
Pastor's Name								
	ardian							
E-Mail Address: _								
All confirmation will go	via email if email is listed. Only į	f there is not an email ac	dress will you get confirmation v	ia US postal mail.				
	Guardian							
				dianta hara:				
	unselors ONLY! If this	_	`					
□Director's Child			Staff's Child	□ Nurse's Child				
	r Name:							
	box. In the event your fire returned to the camper.							
First Choice:	☐Manidokan ☐West R Name of Program (Date of Campventure 7-8, etc.)					
Second Choice :	☐Manidokan ☐West R Name of Program (
Third Choice:	☐Manidokan ☐West R Name of Program							
*If registering for U	ltimate Mid High at West R	iver, please write in	specialty are of your choice	:				

1

Are there any physic	cal, emotional or mental healt	th conditions that we sho	uld know about?	
We cannot guarantee	nmate request? Name of rec that we will meet each request; dep or these requests. Campers must be	ending on number of particip	ants, special needs,	and program factors we
Grandparents/Fan	nily Camps ONLY!! Please	e list other members a	ttending with	you.
_	Birth date			
	Birth date			
Name	Birth date	Age	Grade	—— Gender □M □
Name	Birth date	Age	Grade	 Gender □M □
	if needed. All conformation n			
	MUST BI	E COMPLETE	D	
camp. If for some reason another camper can fill written notification is reason also hereby give permonly, the Baltimore-Wa	, it is my responsibility to make son my child cannot attend camp that space you will receive a pareceived there will be no refund. It ission for my child to attend the ashington Conference has my persistence of the conference o	after registering, written no rtial refund; if we are unable NO EXCEPTIONS. camp event listed above. I rmission to use pictures or v	tification must be e to fill the space, in addition, for pro- rideos that include	sent to camp: if no refund. If no motional purposes my child.
 Online log in Mail - Send che 	Registration fee is non-refundab to make full or partial payment by eck/moneyorder made payable to "I name and completed payment form	credit card. BWC Treasurer" to Summer C	Camp, PO Box 429,	Churchton, MD 20733.
Card #	Visa/MasterCard d Holder:	Signature Expiration Dat City:	re Veri	fication Code
	above be charged to my credit card. your statement as Doc Network L			
Record #	FOR OFF	ICE USE ONLY	Note Per	, ² d

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							