

2010 REGISTRATION FORM

Note: We ask that you attach a note to the registration form describing any physical, emotional, dietary, or psychological conditions that will assist our medical and counseling staff in providing the best possible care for your child.

www.campjburg.org

Camper's Last Name _____ First _____

Street _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Camper's SS# _____

Birth Date ____/____/____ Male Female Age in June '10 _____ Grade Entering in Sept. '10 _____

Mother's / Guardian's Name _____ Business Phone (_____) _____

Father's / Guardian's Name _____ Business Phone (_____) _____

Mother / Guardian's Cell Phone: _____ Father / Guardian's Cell Phone _____

In case of emergency contact: _____ Relationship _____

Emergency Phone (_____) _____

Has camper attended Johnsonburg before? Yes No e-mail address: _____

Church Name: _____ City: _____

Pastor Name: _____ Church e-mail: _____

I am willing to be a camp contact in my church. Name of Pastor _____ Yes, I have notified my pastor of my child's enrollment.

Please put child with (one person only): _____ Parent/Guardian was: a camper staff member at Camp Johnsonburg.

How would you like to receive your confirmation packet (confirmation letter and health form will automatically be mailed):

Please send my forms and confirmation by mail

I will Download my forms from your web site www.campjburg.org

CAMP JOHNSONBURG

I wish to enroll in the following event(s): Please complete all information*

First Event:

	Number	Date	Date		Number	Date	Date		
	<input type="text"/>	<input type="text"/>	to <input type="text"/>	Second choice if first event is closed	<input type="text"/>	<input type="text"/>	to <input type="text"/>		
(a) Fee for this event	(b) Canteen* (optional)	Total Cost (c) for this event (a) + (b)		(d) Church** Scholarship	(e) \$25 Multiple Camper Discount	(f) Donation to Camper Scholarship Fund*** (Ex. \$25)	Total Due (g) from parent (c) - (d) - (e) + (f)	(h) Amount enclosed	Balance (i) Due by June 15 (g) - (h)
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	

Additional Event:

	Number	Date	Date		Number	Date	Date		
	<input type="text"/>	<input type="text"/>	to <input type="text"/>	Second choice if add't'l. event closed	<input type="text"/>	<input type="text"/>	to <input type="text"/>		
(a) Fee for this event	(b) Canteen* (optional)	Total Cost (c) for this event (a) + (b)		(d) Church** Scholarship	(e) \$25 Multiple Camper Discount	(f) Donation to Camper Scholarship Fund*** (Ex. \$25)	Total Due (g) from parent (c) - (d) - (e) + (f)	(h) Amount enclosed	Balance (i) Due by June 1 (g) - (h)
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	

* Sending money now will speed your check-in upon arrival. Children typically spend \$10 on food items; you may wish to include more if your child wishes to buy a tee shirt or another article of clothing.

** Camp will bill the church for this amount. If church pays you directly, leave this field blank so we will not bill the church. If we are to bill the church, you must complete and return the Church Reimbursement Acknowledgement Form to us by June 1

*** Your donation will go to our scholarship fund for underprivileged campers.

My child has permission to participate in all camp activities as listed in the brochure.

By registering my child, I permit the use of appropriate photographs for publicity reasons and inclusion of my child's photograph in weekly internet photo galleries, agree to abide by the camp's refund policy, and agree to pick my child up early for illness or disciplinary reasons. Further, my child agrees to abide by all camp policies including: no violent behavior, and no alcohol, tobacco, drugs, fireworks, weapons, electronic devices or any other inappropriate items.

Signature of Parent or Guardian X _____

CREDIT CARD PAYMENT: When paying by credit card, you must pay in full (the amounts in column(s) "g" above) and provide the following information:

Credit Card #: _____ Expiration Date: _____ Security Code: _____

Credit Card Holder's Signature _____

Billing address, if different from home address: _____

For Family Campers please attach a note indicating the number in your party; preference for accommodations; and names of family members with children's ages.