

REGISTRATION FORM

Camper Name: _____

Address: _____

Date of Birth: _____ Male Female

Grade completed by June 2009 _____ Age as of May 1, 2009 _____

Cabin Buddy: _____ Parent/Guardian Names: _____

Address (if different): _____

Home Phone: _____ Other Phone: _____

Parent's E-mail: _____

Camper's E-mail: _____

Church you attend: _____

→ Are you coming with a church group? Yes No Name of Church: _____

→ *If yes, please return this form and deposit to the group leader.*

Please look at available **DISCOUNTS**

Camp Weeks Offered: (please mark the week you plan to attend)

Resident Weeks *The following requires a \$50.00 deposit*

Camp	Ages	Date	Price
<input type="checkbox"/> Jamboree 1	8-12	June 8-13	\$250.00
<input type="checkbox"/> Jamboree 2	8-12	June 15-20	\$250.00
<input type="checkbox"/> Day Trek 1	8-12	June 8-12	\$150.00
<input type="checkbox"/> Day Trek 2	8-12	June 15-19	\$150.00
<input type="checkbox"/> Jr. Week	10-13	June 22-27	\$250.00
<input type="checkbox"/> Ultimate Teen	13-19	July 6-11	\$250.00
<input type="checkbox"/> Super Teen	13-19	July 13-18	\$250.00

Adventure Weeks *The following requires a \$50.00 deposit*

<input type="checkbox"/> Adventure 1	13-19	June 8-13	\$250.00
<input type="checkbox"/> Adventure 2	13-19	June 15-20	\$250.00
<input type="checkbox"/> Adventure 3	13-19	June 22-27	\$250.00
<input type="checkbox"/> Adventure 4	13-19	June 29-July 4	\$250.00

Day Camps *The following requires a \$35.00 deposit*

<input type="checkbox"/> Day Camp 1	4-8	June 15-July 19	\$70.00
<input type="checkbox"/> Day Camp 2	4-8	June 29- July3	\$70.00

Hickory Hollow Day Camps *The following requires a \$35.00 deposit*

<input type="checkbox"/> Day Camp 1	4-12	June 8-12	\$50.00
<input type="checkbox"/> Day Camp 2	4-12	June 15-19	\$50.00
<input type="checkbox"/> Day Camp 3	4-12	June 29-July 3	\$50.00

The Evening Showdown *The following requires a \$35.00 deposit*

<input type="checkbox"/> The Evening Showdown 4:00-8:30	8-12	June 8-13	\$75.00
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Payment Information

Enclosed is my check for \$_____ made payable to Camp Bethel Ministries.

Please charge \$_____ to my Mastercard Visa

Card # _____ Exp. Date: _____

Name on card: _____