

FAMILY INFO

Name of Camper: _____

Camper Address (Street, City, Zip): _____

Parent 1/ Guardian Name: _____ Parent 2/ Guardian Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell/Pager Number: _____ Cell/Pager Number: _____

E-mail: _____ E-mail: _____

Address: (If different from camper) _____ Address: (If different from camper) _____

Name of Church: _____ City: _____ Denomination: _____

Sponsoring church/agency responsible for payment: _____ Amount (if known): \$ _____

CAMPER INFO

Date of Birth: _____ Male Female Age at Camp: _____ Grade ENTERING Fall 2017: _____

Camper E-mail: _____

Cabinmate Request: _____
(If possible we will honor your request for one cabinmate, if campers are the same age group/programs and each lists the other on their registration form.)

Camper Resides with: Mother Father Both Other _____

Is this the first time attending a Susquehanna Conference UM Camp: Yes No

I first heard about camp through: Church Brochure Website Family Friend Newsletter Other _____

CHOICES

please list your top

3

Dates: (ex. 6/12 - 6/17/16) _____ Program Name: (ex. Scrapbooking) _____ Site: (Camp Penn, Greene Hills, Mt. Asbury, Wesley Forest) _____

1. _____

2. _____

3. _____

I'm selecting: Tier 3 (Blue) Tier 2 (Red) Tier 1 (Green) **Total Program Fee(s):** \$ _____

DISCOUNTS

\$15 Sibling Discount* (My sibling is _____)
(*First child in family registers at full price)

T-Shirt Size
Youth: small medium large
Adult: small medium large X-Large XX-Large XXX-Large

50% deposit per session must accompany registration.

Balance due 2 weeks before camp begins.

Total Discounts: -\$ _____
\$1 Donation to the Scholarship fund: +\$ _____
Total: \$ _____

Amount Enclosed: \$ _____
Balance Due: \$ _____

PLEASE READ CAREFULLY

I give permission for my child to attend the camp session for which he/she is registering.

I give permission for my child's name, address, phone number, and e-mail address to be shared with his/her fellow campers.

I give permission for still or video pictures of my child to be taken and used for camp promotional purposes.

I give permission for photos of my child to be placed on Susquehanna Conference websites and Social Media pages in a camping context.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____

FOR OFFICE USE ONLY

Date Received: _____ Date Processed: _____ Fee \$: _____

Family Check #: _____ Church Check #: _____ Other Check #: _____

Amount \$: _____ Amount \$: _____ Amount \$: _____

Camp #: _____ Campership: _____ Confirmed: _____

PAYMENT

*** A 50% DEPOSIT** is required to secure your place at camp. Make checks payable to *Susquehanna Conference* or fill out the credit card information below.

CREDIT CARD INFORMATION
 VISA MASTERCARD DISCOVER
Name of Cardholder as it appears on card: _____

Zip Code of Cardholder's Billing Address: _____

Card Number: _____

Card Expiration Date: _____

3-digit Verification Code from back of card: _____

Amount to be charged: * _____

Cardholder Signature: _____

Date: _____

Mail to: SUSUMC Camping Office, 303 Mulberry Drive, Mechanicsburg, PA 17050-3179