

# 2010 ADULT REGISTRATION FORM

Camp & Retreat Ministry, Central PA Conference of the United Methodist Church  
PO Box 2053, Mechanicsburg, PA 17055-2053

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ DOB \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Bunkmate \_\_\_\_\_

T-shirt size (**circle one**) Adult Small Medium Large X-Large 2XL 3 XL

Camp Choice: Date \_\_\_\_\_ Site \_\_\_\_\_

Description \_\_\_\_\_

Church Name \_\_\_\_\_ District \_\_\_\_\_

Church City \_\_\_\_\_

Emergency contact person \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Phone No ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_

ID/Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

Dietary needs/food allergies \_\_\_\_\_

Health issues we should know: Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_ Asthma \_\_\_\_\_

High Blood Pressure \_\_\_\_\_ Others \_\_\_\_\_

Individual Payment \$ \_\_\_\_\_ Church Payment \$ \_\_\_\_\_

**PLEASE READ CAREFULLY – I do** give permission for my name, address, phone number, and email address to be shared with other persons in this retreat experience. **I do** give permission for still or video pictures of me to be used for camp promotional purposes.

\_\_\_\_\_  
(Your Signature) (Date)

<b>FOR OFFICE USE ONLY:</b>	Date Received _____	Date Processed _____
	Camp # _____	Fee _____
	Deposit Amt. _____	Check # _____
	2 <sup>nd</sup> Payment Amt. _____	Check # _____
	Church Payment _____	Check # _____