

SUMMER CAMP 2008

REGISTRATION FORM

REGISTER ONLINE

at www.casowasco.org



www.aldersgateny.org

FAMILY INFO

Name of Camper: _____

Camper Mailing Address: _____

Father/Guardian Name: _____ Mother/Guardian Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

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

E-mail: _____ E-mail: _____

Address: _____ Address: _____

_____ (if different than camper) _____ (if different than camper)

Name of Church: _____ City: _____ Denomination: _____

CAMPER INFO

Date of Birth: _____ Male Female Age at Camp: _____ Camper E-mail: _____

I am a first time camper This is my _____ year at Casowasco or Aldersgate

T-shirt size of camper (please circle) CHILD: Sm Med Lg ADULT: Sm Med Lg XL XXL

Cabinmate Request: _____

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

Notes for leaders to help my child have a super week. Please note a recent family loss/change, custody information, medical needs, dietary requirements/allergies, life-threatening allergies, behavioral notes. These notes are used to help prepare for camp. They are not used to establish eligibility. Please attach extra pages as needed.

Camper resides with: Mother Father Both Other (Name/Relationship): _____

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

PROGRAM CHOICES

(Please refer to the "It's Easy to Register for Camp" page.)

Please list	Dates:	Program Name:	Site:	Fee:
3	1.	_____	_____	_____
	2.	_____	_____	_____
	3.	_____	_____	_____

I'm registering for: One program More than one program - How many? _____

If registering by May 1st, subtract \$30 per full week program, \$15 per partial week program. ➔ Fee(s) \$ _____

I'm attending 2 or more programs OR my sibling (name) _____ is attending (program) _____ ➔ 5% discount \$ _____

\$1.00 donation to Special Needs Campership Fund (optional) ➔ _____

Method of Payment: Check # _____ Visa Mastercard (Charge will show as NCNY Conf and Camping) ➔ Total Fees \$ _____

Card Number: _____ Expiration Date (XX/YY): _____ ➔ Amount Enclosed* \$ _____

Cardholder's Name (please print): _____ Cardholder's Signature: _____ ➔ Balance Due \$ _____

If you are receiving governmental assistance of any kind, please speak with your social worker about the possibility of available funds for camp.

Parental/Guardian Permission:

I hereby give my permission for my child (named above) to attend the camp session for which he/she is registering; for my child's name/address/e-mail address to be shared with his/her program group and UM agencies; and for still/video pictures of my child to be used for promotional purposes. In event of accident/illness, the camp administration has my permission to secure emergency medical care as needed until I can be reached. I understand that a properly completed health form is required for attendance. I understand that summer camp programs may include off site travel and/or off site swimming.

➔ Signature of Parent/Guardian: _____ Date: _____

**Remember to mail form with payment for both Aldersgate and Casowasco to: CCRM, PO Box 1515, Cicero, NY 13039.

For Office Use Only:

CAMPER NAME

Postmark

Date Rec'd

*\$75 deposit must accompany registration