



CASOWASCO 2012

SUMMER CAMP REGISTRATION FORM



REMINDER!

It's easy to register online
at casowasco.org

FAMILY INFO

Name of Camper: _____

Camper Address (Street, City, Zip): _____

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

Occupation: _____ Occupation: _____

Home Phone: _____ Home Phone: _____

WorkPhone: _____ WorkPhone: _____

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: _____

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

CAMPER INFO

Date of Birth: _____ Male Female Age at Camp: _____

Camper E-mail: _____

Camper T-shirt size (circle one) 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 the same age group/program and each lists the other on their registration form.)

Camper resides with: Mother Father Both Other: _____

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.

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

CHOICES

please list your top

3

Dates: _____ Program Name: _____ Site: _____ Fee: _____

1. _____

2. _____

3. _____

I'm registering for: One program More than one - How many? _____ x Fees \$ _____ Total Program Fee(s): \$ _____

DISCOUNTS & PAYMENT

Early Bird Discount (Register by May 1st) (-\$10.00) \$ _____

Sibling Discount (-\$15.00 per sibling) \$ _____

My Sibling (name) _____ is attending (program) _____
_____ at (site) _____

Reminder: A \$25 discount will be credited to your account with each friend that registers. Email your friends name to registrar@casowasco.org

\$75*
deposit per session must accompany registration.

Total Discounts -\$ _____

\$1 donation to the Casowasco Campership fund +\$ _____

Total \$ _____

Amount enclosed* \$ _____

Balance Due \$ _____

Method of Payment: Check # _____ Visa Mastercard (Charge will show as "Upper New York Annual Conference")

Card Number: _____ Expiration Date (XX/YY): _____ / _____ 3 Digit Security Code: _____

Cardholder's Name (please print): _____

Cardholder's Address (Street, City, Zip): _____

Cardholder's Signature: _____

SIGN

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 make checks payable to UNYAC and mail to 158 Casowasco Drive, Moravia NY 13118

FOR OFFICE USE ONLY:

CAMPER NAME

Postmark Date

Re'd