

# 2010 Aldersgate & Casowasco SUMMER CAMP REGISTRATION FORM

**\*REMINDER!**  
IT'S EASY TO REGISTER ONLINE AT  
WWW.CAMPSSANDRETREATS.ORG

## FAMILY INFO

Name of Camper: \_\_\_\_\_  
 Camper Address (Street, City, State, Zip): \_\_\_\_\_  
 Father/Guardian Name: \_\_\_\_\_ Mother/Guardian Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 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: \_\_\_\_\_

FOR OFFICE  
USE ONLY:

CAMPER NAME

Postmark

Date Rec'd

## 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 back of the registration form for "It's Easy to Register for Camp" page.)

Please list	Dates:	Program Name:	Site:	Fee:
<b>3</b>	1.	_____	_____	_____
	2.	_____	_____	_____
	3.	_____	_____	_____

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

If registering by May 1st, subtract \$20 per full week program, \$10 per partial week program.

I'm attending 2 or more programs OR my sibling (name) \_\_\_\_\_ is attending (program) \_\_\_\_\_

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

Method of Payment:  Check # \_\_\_\_\_  Visa  Mastercard (Charge will show as "NCNY Conf and Camping")

Card Number: \_\_\_\_\_ Expiration Date (XX/YY): \_\_\_\_ / \_\_\_\_

Cardholder's Name (please print): \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

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

➔ Fee(s) \$ \_\_\_\_\_  
 ➔ 5% discount \$ \_\_\_\_\_  
 ➔ \$ \_\_\_\_\_  
 ➔ Total Fees \$ \_\_\_\_\_  
 ➔ Amount Enclosed\* \$ \_\_\_\_\_  
 ➔ Balance Due \$ \_\_\_\_\_

**\*\$75  
DEPOSIT**  
per session  
must  
accompany  
registration

### 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.