

FOR OFFICE USE ONLY

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Postmark Date ____ / ____ / ____ Lodging Assignment _____

Payment Record:

\$ _____ Cash
\$ _____ Pers. Ck. # _____ Balance Due \$ _____
\$ _____ Cashier's Ck. # _____ (if applicable)
\$ _____ Church Ck. # _____
\$ _____ Money Order # _____

Req. Form Signatures:

Camper _____
Parent/Guardian _____
Pastor _____

Med. Form Signature:

Parent/Guardian _____

Miscellaneous Notes:

PA DISTRICT, U.P.C.I. JR. CAMP REGISTRATION FORM

July 10-15, 2011

A separate Registration Form and Medical Emergency Form must be completed for each applicant.

JR. CAMP AGES:

Children 6-12 years of age (Note: 6 year olds may register in Jr. Camp or Family Camp, and 12 year olds may register in Jr. Camp or Sr. Camp. If you choose to register your child in Family Camp or Sr. Camp, you will need to obtain the appropriate Registration Form - **DO NOT** use this form.)

BED ASSIGNMENT:

All Jr. Campers will be assigned a bed in the designated Jr. Camp cabins/dorms only. The only exceptions that will be made are for medical conditions or disabilities that require a child to have parental/guardian assistance.

JR. CAMPER'S PERSONAL INFORMATION (please print):

Name _____ Male Female Date of Birth ____ / ____ / ____ Age ____

Street Address _____ Phone # (_____) _____ - _____

City _____ State _____ Zip Code _____

PARENT OR GUARDIAN INFORMATION (please print):

Mr./Mrs./Ms. _____ Email _____ @ _____ . _____

Home Phone # (_____) _____ - _____ Mobile Phone # (_____) _____ - _____

U.P.C.I. PASTOR'S INFORMATION (please print):

Note: If you do not attend a United Pentecostal Church, you must obtain the signature of the U.P.C.I. sectional presbyter where you reside.

Name _____ Home Phone # (_____) _____ - _____

Church Location City _____ , State _____

CHECK-IN/CHECK-OUT:

Check-in begins Sunday, July 10, 2011 at 12 noon (not before). Check-out is Friday, July 15, 2011 by 4:00 pm.

RATES AND LENGTH OF STAY (choose one):

I will attend Jr. Camp the entire week (Sunday night - Thursday night).

Cost if all forms and full payment are postmarked on or before June 15th - **\$160.00***

Cost if all forms and full payment are postmarked between June 16th and July 1st - **\$175.00***

**Rates include meals in dining hall (not concession stand snacks), lodging, and all camp sessions.*

Do not mail any forms or payments after July 1st - see "MAILING INSTRUCTIONS" below for further instructions.

I will attend Jr. Camp the following night(s): Sun. Mon. Tues. Wed. Thurs.

Cost if all forms and full payment are postmarked on or before June 15th - **\$32.00/night***

Cost if all forms and full payment are postmarked between June 16th and July 1st - **\$35.00/night***

**Rates include meals in dining hall (not concession stand snacks), lodging, and all camp sessions.*

Do not mail any forms or payments after July 1st - see "MAILING INSTRUCTIONS" below for further instructions.

MAILING INSTRUCTIONS:

Mail your Registration Form, Medical Emergency Form, and payment in full to: Tabitha Cluster
(Checks/Money orders made payable to "PA District Camp" - DO NOT MAIL CASH) 301 Beaver Road
Julian, PA 16844

Lodging will not be assigned until payment is made in full. Please do not mail any forms or money after Friday, July 1, 2011. After July 1st you will need to bring all forms and payment to the camp registration office and you will need to pay the late registration price as shown above under " RATES AND LENGTH OF STAY" (only cash or money orders will be accepted after July 1st - NO PERSONAL CHECKS).

SIGNATURES:

Signature of Jr. Camper:

"I have read and will abide by the camp rules and dress code. I will be obedient and cooperative at all times and I understand that if I violate the rules, the signing pastor will be contacted. I also understand that violations of campground policies may lead to an early dismissal from the campgrounds without a refund."

Camper _____ Date _____ / _____ / _____

Signature of Parent/Guardian:

"I have advised my child of all camp rules and his/her obligation to abide by them. I understand that if he/she violates the campground policies, he/she may be dismissed from the campgrounds without a refund."

Parent/Guardian _____ Date _____ / _____ / _____

Signature of your U.P.C.I. Pastor (or sectional presbyter, if you do not attend a U.P.C.I. church):

"I understand that if the applicant violates the campground policies, it will be brought to my attention and the applicant may be dismissed from the campgrounds without a refund."

U.P.C.I. Pastor _____ Date _____ / _____ / _____

MISCELLANEOUS INFORMATION:

Use this area to inform us of any special requests (another camper you would like to room with, being near a rest room, or any other special concern you may have). We cannot guarantee that your needs/wishes will be met, but we will make every effort to accommodate you to the best of our ability.