

# 2012 UNITED METHODIST CAMP REGISTRATION FORM

INFORMATION MUST BE TYPED OR PRINTED LEGIBLY IN DARK BLUE OR BLACK INK.

IMPORTANT: Before completing this form, please read the instructions and policies.



## CAMP CHOICE

**1st Choice: CAMP#:** \_\_\_\_\_ Price: \$ \_\_\_\_\_ **CAMP NAME:** \_\_\_\_\_

**2nd Choice: CAMP#:** \_\_\_\_\_ Price: \$ \_\_\_\_\_ **CAMP NAME:** \_\_\_\_\_

Friend's name, if you're trying to go to the same camp together: \_\_\_\_\_

## CAMPER'S INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Attends church at: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ School Grade for Fall **2012:** \_\_\_\_\_

Camper lives with (circle one): Both Parents | Mother | Father | Other: \_\_\_\_\_

(Name/Relationship to Camper)

**I agree to** participate fully in the activities for which I have registered, obeying safety regulations

and directions of all camping staff: \_\_\_\_\_ Date: \_\_\_\_\_

(camper's signature — MUST BE SIGNED)

**Mother or Legal Guardian's Name:** \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone | Home: ( \_\_\_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

**Father or Legal Guardian's Name:** \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone | Home: ( \_\_\_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

**Caseworker or Emergency Contact:** \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone | Home: ( \_\_\_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

**I give permission** for \_\_\_\_\_ to attend camp and participate in its activities.

(print Camper's first and last name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(parent's or legal guardian's signature — MUST BE SIGNED)

## PAYMENT INFORMATION

Circle type of card: VISA MasterCard Account#: \_\_\_\_\_

Exp. Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_ Name of Card Holder: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

## MAIL TO:

**CHIPPEWA:** KEC—Camp Chippewa, PO Box 4187, Topeka, KS 66604

**CCYM:** Kansas East Conference c/o Brenda Davids, PO Box 4187, Topeka, KS 66604

**REGISTER  
ONLINE**

If you have a computer  
and internet connection,  
**save the paperwork  
and register for  
camp online:**

**CHIPPEWA:**

[www.campchippewa.org](http://www.campchippewa.org)