

# Summer Camp 2011 Registration Form

Camp Innabah • 712 Pughtown Road • Spring City, PA 19475  
1-877-UMC-CAMP ext. 5 • email: camp@innabah.org

## CAMPER INFORMATION: Please PRINT and use a SEPARATE form for each camper. This form may be copied as needed.

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  Male  Female  
 Street Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Church Name and Town \_\_\_\_\_ Grade Completed by June 2011 \_\_\_\_\_  
 Email \_\_\_\_\_ Bunk Mate Preference \_\_\_\_\_  
(one only - campers choose one another)  
 Name of Father/Guardian (circle) \_\_\_\_\_ Home Tel. ( ) \_\_\_\_\_ Work Tel. ( ) \_\_\_\_\_ ext. \_\_\_\_\_  
 Name of Mother/Guardian (circle) \_\_\_\_\_ Home Tel. ( ) \_\_\_\_\_ Work Tel. ( ) \_\_\_\_\_ ext. \_\_\_\_\_  
 Name of Agency Contact Person \_\_\_\_\_ Agency \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 List major health concerns \_\_\_\_\_

### Adults for Grandparents & Me/Parents & Me:

Are you willing to share a room with someone else? \_\_\_\_ Yes \_\_\_\_ No Are you willing to sleep on a top bunk? \_\_\_\_ Yes or \_\_\_\_ No

**Yes, I am a first time camper at Camp Innabah.** I was referred by \_\_\_\_\_ (list name of returning camper who referred you).

	EVENT NO.	EVENT TITLE	DATES	FEE
1st Choice				
2nd Choice*				

\* will be automatically assigned if available

\*\* If registration is received by April 30, you will receive a \$10 discount.

I give my permission for \_\_\_\_\_ to attend the above listed 2011 summer camp event with the Eastern PA Conference-UMC. I acknowledge my responsibility for payment of all fees in full to Camp Innabah, ONE FULL MONTH PRIOR TO THE START OF THE EVENT

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
 (Grandparents or other relatives may not sign unless they are the legal guardian of the camper).

**SCHOLARSHIP REQUEST** There are a variety of need-based scholarships available. Check here  if you would like to receive a scholarship application. An application will be mailed to you with your registration packet.

Office only \$ \_\_\_\_\_ Board \$ \_\_\_\_\_ Site \$ \_\_\_\_\_ Challenge

## Payment Info.

Please pay full amount or \$100 minimum deposit for full week events and \$50 minimum deposit for half-weeks or day camp.  
**Deposits are not refundable. Payments in installments are gladly accepted after you register.**

### PAYMENT

Camper Fees/Deposit \$ \_\_\_\_\_  
 My tax deductible donation to support the ministry of Camp Innabah \$ \_\_\_\_\_  
 Total Payment \$ \_\_\_\_\_

### PAYMENT METHOD

Check (Payable to Camp Innabah)  Money Order  
 Discover  Mastercard  VISA  
 Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

(SIGNATURE)

### CHURCH PAYMENT

Check enclosed  Camp Cash enclosed  
 Check expected  Camp Cash expected  
 AMOUNT \$ \_\_\_\_\_

(SIGNATURE/CHURCH REPRESENTATIVE)

### AGENCY PAYMENT

Agency Name: \_\_\_\_\_  
 Check enclosed  Check expected