

2023 UNY CAMP & RETREAT MINISTRIES SUMMER CAMP REGISTRATION FORM

Aldersgate Camp & Retreat Center

Reminder!
It's easy to register online at
CAMPANDRETREATS.ORG

FOR OFFICE USE ONLY: CAMPER NAME

Postmark Date

Date Rec'd

FAMILY INFO

LEGAL NAME OF CAMPER: _____ **PREFERRED NAME (if different):** _____

CAMPER ADDRESS (Street, City, Zip): _____

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

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

CAMPER INFO

Date of Birth: _____

Age at Camp: _____

Camper E-mail: _____

Camper T-shirt size _____ ADULT CHILD

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: _____

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:** (ex. 7/4 - 7/9) **Program Name:** (ex. Smore's Camp)

1. _____

2. _____

3. _____

DISCOUNTS & PAYMENT

Sibling Discount (-\$20 per camper)
My sibling (name): _____

_____ is attending (program name): _____

_____ at (site): _____

\$ 75*
deposit per session must accompany registration.

Cost of camp \$ _____

Sibling Discount (if applicable) \$ _____

Total \$ _____

Amount Enclosed* \$ _____

Balance Due \$ _____

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

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

Cardholder's Name (please print): _____

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

Cardholder's Signature: _____

SIGN

PARENT/GUARDIAN PERMISSION

I hereby give my permission for my child (named above) to attend the camp session for which they are registering. I understand that my child's name/address/e-mail address may be shared with their program group and UM agencies, and still/video pictures of my child may be used for promotional purposes unless I notify the camp administration in writing to the contrary. The camp administration has my permission to secure emergency medical care as needed until I can be reached. I understand that properly completed medical information 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:** _____