

Registration Form

Camper

Complete this entire form for each camper and each camping event. Make additional copies as needed.

Last Name		First Name		Initial	
Address		City		State	ZIP
Email		Date of Birth		Age as of 6/1/2010	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian			Mobile Phone (may be used for text messages)		
Home Phone		Day Phone	Name and relationship at Day Phone		
Name of Home Church		Location of church			
Child Special Needs (accessibility, health concerns, diet, allergies, etc.)					
Parent/Guardian Special Circumstances (family concerns, legal restrictions, etc.)					
Bunkmate (If possible, our staff will honor your request for ONE preferred bunkmate.)					
T-Shirt Size (some events include T-shirts in registration fees) <input type="checkbox"/> Child <input type="checkbox"/> 6-8 <input type="checkbox"/> 10-12 <input type="checkbox"/> 14-16 <input type="checkbox"/> Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL					

Event

Event Dates	Event Number	Event Name	Campsite
to			

Bring a Friend

Make photocopies of this application, fill your name and address in the space below and give it to a friend. If they have never been to a camping event before and decide to come this year, we'll give you a camping credit worth \$25 for each friend that you bring.

Referred by		Phone	
Address		City	State ZIP

Payment Information

Payment in full due 2 weeks before beginning of camp

Price of Event \$ _____

Less \$25 for each additional family member \$ _____

Amount Enclosed from Camper \$ _____

Amount Enclosed from Church or Agency* \$ _____

Must be at least 25% of the PRICE

TOTAL AMOUNT ENCLOSED \$ _____

BALANCE DUE \$ _____

Balance Due from Camper \$ _____

Balance Due from Church or Agency \$ _____

Amount Requested from Campership** \$ _____

* Agency staff are any counselor, social worker or other community service worker in your area.

** Attach Campership Application Form signed by Agency*, Camp or Church staff

Pay by Credit Card



Card Number	Exp. Date
Card Holder Signature	
Street Address and ZIP	

Make check to:
IA Conf. UM Camp

To request a catalog:
800-765-1651

Mail to:
Conference Camp
& Retreat Office
2301 Rittenhouse Street
Des Moines, IA 50321-3101

OFFICE USE ONLY	
Reg. Date	Reg. #
Event Assigned	
Campership	
CC Auth Code	