

East Ohio Camps

Summer Camp Registration Form

(DO NOT USE FOR FAMILY EVENTS - Go to www.EastOhioCamps.org or call 1-800-831-3972 ext. 108 for a Family Event Form)

FAMILY INFORMATION

Mother's Name _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

E-mail Address _____

Father's Name _____

Daytime Phone _____ Evening Phone _____ Cell Phone _____

E-mail Address _____

Street Address _____

City _____ State _____ Zip _____

CAMPER INFORMATION

Camper Name _____

Female Male Birthdate _____

September 2008 Grade _____

E-mail Address _____

Bunkmate Request _____

(We will honor your bunkmate request if possible—must be in same age group and program)

T-Shirt Size: Child Small Child Med Child Large
 Adult Small Adult Med Adult Large Adult XL

This is my first time at East Ohio Camps and I heard about East Ohio camps from:

Local Church Website Friend Newspaper Other

I am a returning camper and this is my _____ year at East Ohio Camps

Church information is optional and is used for reporting purposes. If your church is paying a portion please provide them with the information needed. The five digit appt # can be obtained from your local church office.

Church Name _____ Pastor's Name _____

Church City _____ Church Conference _____ Appt # _____ District _____

EVENT REGISTRATION - Events fill quickly and many have limited capacity so we recommend a 2nd & 3rd choice.

	Event Date	Event Number	Event Name	Event Cost
1st	July 20-26	83051	Lakeside Institute	
2nd				
3rd				

I wish to attend more than one event. Register me for: Both the 1st and 2nd events All three events

REFUND POLICY - 1) If the event you register for is cancelled by us, we will help you select another event. If another selection will not work out, you will receive a full refund. 2) For cancellations 14 days or more before the first day of the event, all fees paid LESS THE MINIMUM REGISTRATION FEE of \$40 will be returned, or full payment is transferred to another event if possible. 3) If the cancellation is less than 14 days before the first day of the event, NO REFUND WILL BE MADE. 4) In the event of illness, accident, or family emergency, all fees LESS A \$10 HANDLING CHARGE will be returned IF NOTICE IS GIVEN PRIOR TO THE FIRST DAY OF CAMP. 5) No refunds or fee transfers will be made for those who fail to show up on opening day.

Parent/Guardian Signature _____ Date _____

Early Bird Discount applicable if postmarked by May 1, 2008

- Apply discount to the cost of my event
 I'll pay the full amount of my event and help others attend camp

Cost of Events _____

Discounts _____

Total Amt Due _____

If paying by check please make payable to:
East Ohio Conference UMC

Mail forms and payments to:
East Ohio Camps
PO Box 76021
Cleveland OH 44101-4755

VISA MasterCard Acct # Exp Date _____ Security Code _____

Card Holder Signature _____

Card Holder Address _____