



Camp Christian

Family Camp September 4-6, 2020

**Register by
Aug 28th**
to avoid late fees

Registration Fees –see below. A \$20 per adult & \$10 per child late fee will be added to all registrations received after Aug 28th.

A nonrefundable deposit of \$30 is due with registration. Balance payable before or at check-in. Please make checks payable to Camp Christian and mail to PO BOX 230, Mill Run, PA 15464. If you would like to pay by credit card, please register online.

Please Print:

First Name _____ Last Name _____

Contact Number _____ Cell Home Email _____

Spouse Name _____ Contact Number _____ Cell Home

Children's Names, Gender, Ages and Grades _____

Mailing Address _____ City, St & Zip _____

Church Name _____ Church City _____

First time attending an event at Camp Christian? Yes No

I/We will be using OFFSITE housing (not sleeping at CC) RV/Camper Tent Camp Christian Housing*

*Cabin/room space for families to stay together is limited and is assigned **based on need & timing of registration**

If Camp Christian Housing is chosen, please number in order of preference

_____ Dorms (Men & Women Separate) _____ Cabins _____ Mill House Room (Twin over double bunk)

I/We will be at Camp Christian for all meals? Yes No (If no, check which meals you will have at Camp Christian)

- | | | | |
|----------------------------------------------|---------------------------------------------|-----------------------------------------|------------------------------------------|
| <input type="checkbox"/> Friday Dinner (6pm) | <input type="checkbox"/> Saturday Breakfast | <input type="checkbox"/> Saturday Lunch | <input type="checkbox"/> Saturday Dinner |
| | <input type="checkbox"/> Sunday Breakfast | <input type="checkbox"/> Sunday Lunch | <input type="checkbox"/> Sunday Dinner |

Please list any allergies of which we should be aware (food, medical): (Please use back of form if necessary)

Person	Allergy	Reaction
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact of someone not at camp with you.

Name _____ Relation _____

Number _____ Cell Home Alt Number _____ Cell Home

I give my permission to Camp Christian for medical treatment to be administered in such case as deemed necessary by a trained medical professional. I accept and assume all risks associated with recreation activities, and I hereby release Camp Christian of all liability from injuries that might occur. I understand that I am responsible for providing my own insurance for any injuries that occur while at Camp Christian. I recognize that this event is for spiritual enrichment and I agree to attend all sessions. I release all photos, videos, and audio recordings to Camp Christian for promotional purposes.

Signature

Date

Spouse Signature

Date

Family Camp Fees:

Adults	\$50.00 x _____	= \$ _____
12-17	\$30.00 x _____	= \$ _____
5-11	\$20.00 x _____	= \$ _____
0-4	FREE x _____	= \$ <u>0.00</u>

Max per family = \$200.00

For Office Use Only	
Total:	\$ _____
Paid:	\$ _____
Method:	_____
Balance:	\$ _____