

# Summer Camp 2010 Registration Form

Gretna Glen Camp & Retreat Center • 87 Old Mine Road, Lebanon, PA 17042-9238  
717-273-6525 • Fax: 717-273-6045

**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 ( ) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Church Name and Town \_\_\_\_\_ Grade Completed by June 2010 \_\_\_\_\_  
 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 \_\_\_\_\_

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

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

\* You will be contacted before 2nd choice is assigned

I give my permission for \_\_\_\_\_ to attend the above listed 2010 summer camp event with the Eastern PA Conference-UMC. I acknowledge my responsibility for payment of all fees in full to Gretna Glen, ONE FULL MONTH PRIOR TO THE START OF THE EVENT. Furthermore, I give Gretna Glen Camp permission to use pictures and/or videos of this camper in promotional materials.

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

How did you find out about Gretna Glen? (church, friend, brochure, web page, newspaper, billboard, other): \_\_\_\_\_

Please send a Summer Camp brochure to my friend: Name: \_\_\_\_\_ Address: \_\_\_\_\_

**SCHOLARSHIP REQUEST** There are a variety of need-based scholarships available. If you are requesting a scholarship, please indicate below and the site staff will contact you regarding the best source of support. I request a Scholarship for Summer Camp 2010 for \_\_\_\_\_ (name of camper) for the event indicated above for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
 (Signed by Pastor, Parent, Guardian or Sponsoring Agency Representative)

## Payment Info.

\$100 deposit is due for overnight camps; \$50 deposit for day camps  
 Payments may be made in any amount above the deposit amount.  
 Payment plans are accepted, please call to make arrangements.

### PARENT PAYMENT

Camper Fee Due \$ \_\_\_\_\_  
 Less Discount(s)  
 Early Bird (till 4/30) \$ - \_\_\_\_\_  
 Multi-Child \$ - \_\_\_\_\_  
 \* Bring a Friend \$ - \_\_\_\_\_  
 Amount Due \$ \_\_\_\_\_  
 Less Deposit \$ - \_\_\_\_\_  
 Balance Due \$ \_\_\_\_\_  
 My tax deductible donation to support the ministry of Gretna Glen \$ \_\_\_\_\_  
 \* Bring a Friend discount - List friends \_\_\_\_\_

Discount will not be given until friends have registered.

### PARENT PAYMENT METHOD

Check # \_\_\_\_\_  
 Discover  Mastercard  VISA  
 Card # \_\_\_\_\_  
 Exp. date \_\_\_\_\_  
 \_\_\_\_\_  
 (SIGNATURE)

### CHURCH PAYMENT

Check enclosed  Camp Cash enclosed  
 Check expected  Camp Cash expected  
 AMOUNT \$ \_\_\_\_\_  
 \_\_\_\_\_  
 (SIGNATURE/CHURCH REPRESENTATIVE)  
 Call our office if you have questions regarding church payments.