

# Summer Camp 2012 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 ( ) \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Church Name and Town \_\_\_\_\_ Grade Completed by June 2012 \_\_\_\_\_

Email \_\_\_\_\_ Bunk Mate Preference \_\_\_\_\_

(one only - campers choose one another)

Camper Lives at this address with: Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Guardian \_\_\_\_\_

Name of Father/Guardian (circle) \_\_\_\_\_ Home Tel. ( ) \_\_\_\_\_ Work/Cell Tel. ( ) \_\_\_\_\_ ext. \_\_\_\_\_

Name of Mother/Guardian (circle) \_\_\_\_\_ Home Tel. ( ) \_\_\_\_\_ Work/Cell 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
<b>1st Choice</b>				
<b>2nd Choice*</b>				

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

I give my permission for \_\_\_\_\_ to attend the above listed 2012 summer camp event(s) with the Eastern Pa Conference-UMC/Gretna Glen Camp.

I acknowledge my responsibility for payment in full is due to the Gretna Glen Camp office one week prior to the event. When Church Payment, Agency Payment or Scholarship is requested, I continue to realize that ultimate responsibility is mine until verification from the other sources has been confirmed in the camp office.

Upon signing, permission has been granted for Gretna Glen Camp to use photos and video images of the camper for publicity purposes. This could include, but is not limited to, brochures, flyers, newspaper, and use on the camp website. If you do not agree to this, you must make your request known in writing at the time of registration.

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

**(Grandparents or other relatives may not sign unless they are the legal guardian of the camper).**

## SCHOLARSHIP REQUEST

There are a variety of need-based scholarships available.

Check here if you would like to receive a scholarship application. An application will be sent to you with your registration packet.

## Camper Payment Information

Registrations received in our office thru 3/30/12 will receive an "Early Bird Gift" along with the registration packet.

**CAMP FEE DUE** +\$ \_\_\_\_\_

**Less Discount(s):**

Multi-Child - \$ \_\_\_\_\_

Bring a Friend\* - \$ \_\_\_\_\_

\*The *Bring a Friend Discount* cannot be issued until the new camper(s) registers for a camp. Please list the referred friend(s) here: \_\_\_\_\_

Also, referred friends need to indicate the name of the returning camper who referred them so that their friend can receive the *Bring a Friend Discount*. Please list the name of the returning camper who referred you here: \_\_\_\_\_

### LESS DEPOSIT YOU ARE PAYING:

Your deposit payment may be in any amount, not less than the required: \$50 for Day Camp, \$100 for Overnight Camp.

Check # \_\_\_\_\_ - \$ \_\_\_\_\_

Credit Card - \$ \_\_\_\_\_

Discover  Mastercard  VISA

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

**Church Payment Amt. \$** \_\_\_\_\_

Church Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Tel. # \_\_\_\_\_

*Signature of Authorizing Church Agent:*

X \_\_\_\_\_

Church Check Enclosed \$ \_\_\_\_\_

Church Check to be Sent \$ \_\_\_\_\_

Credit Card  Discover  Mastercard  VISA

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Camp Cash Vouchers \$ \_\_\_\_\_

**Other Source of Payment Amt. \$** \_\_\_\_\_

Name of Agency: \_\_\_\_\_

**REMAINING BAL. DUE = \$** \_\_\_\_\_

\*Payment plans are accepted, please call to make arrangements.