

# Summer Camp 2009 Registration Form



Camp Innabah • 712 Pughtown Road, Spring City, PA 19475  
 Phone: (877) UMC-CAMP ext. 5 OR REGISTER online at [www.innabah.org](http://www.innabah.org)

**CAMPER INFORMATION:** Please PRINT and use a SEPARATE form and a SEPARATE CHECK for each camper and event.

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I.: \_\_\_\_\_  Male  Female

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Church Name and Town \_\_\_\_\_ Denomination \_\_\_\_\_

Email \_\_\_\_\_ Room Mate Preference \_\_\_\_\_ Grade Completed by June 2009 \_\_\_\_\_

How did you find out about camp? \_\_\_\_\_

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 ( ) \_\_\_\_\_

Cell phone number for Mother / Father / Agency Contact (circle) \_\_\_\_\_

List major health concerns \_\_\_\_\_ Camper lives with \_\_\_\_\_

	EVENT NUMBER	EVENT TITLE	DATES	FEE
1st Choice				
2nd Choice*				

\* will be automatically assigned if available      \*\* If registration is received by April 30, you will receive a \$10 discount.

**PAYMENT INFORMATION:** (Please make checks payable to Camp Innabah)

Please pay full amount or \$100 minimum deposit for full week events and \$50 minimum deposit for half-weeks or day camp. **All credit card registrations MUST BE PAID IN FULL FOR THE FULL DEPOSIT AMOUNT (\$100 for all full-week or \$50 for a half-week or day camp event). Registration WILL BE RETURNED if payment is not indicated. Deposits are non-refundable.**

**PARENT PAYMENT**

Check       Money Order

Other \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

**CHURCH PAYMENT**

Check enclosed       Camp Cash enclosed

Check expected       Camp Cash expected

AMOUNT \$ \_\_\_\_\_

\_\_\_\_\_  
 (SIGNATURE/CHURCH REPRESENTATIVE)

**CREDIT CARD PAYMENT**

Discover       Mastercard       VISA

AMOUNT \$ \_\_\_\_\_ Exp. date \_\_\_\_\_

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

\_\_\_\_\_  
 (SIGNATURE)

I give my permission for \_\_\_\_\_ to attend the above listed 2009 summer camp event with the Eastern PA Conference-UMC.

I acknowledge my responsibility for payment of all fees in full to Camp Innabah, ONE FULL MONTH PRIOR TO THE START OF THE EVENT.

SIGNATURE OF PARENT OF 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. If you are requesting a scholarship please indicate below and the site staff will determine your eligibility and the best source of support.*

I request a Scholarship for Summer Camp 2009 for \_\_\_\_\_ (name of camper)

for the event indicated above for the following reasons: \_\_\_\_\_

If you are requesting a scholarship, additional paperwork will be sent to you after we receive your registration form.

Office only \$ \_\_\_\_\_ Board \$ \_\_\_\_\_ Site \$ \_\_\_\_\_ Challenge \_\_\_\_\_  
 \_\_\_\_\_  
 (Signed by Pastor, Parent, Guardian or Sponsoring Agency Representative)

**\*\* See Reverse Side for Registration Form for Grandparents and Me/Parents and Me \*\***

# Summer Camp 2009 Adult Registration Form



## \*\* Adult Registration Form for Grandparents and Me/Parents and Me \*\*

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**CAMPER INFORMATION:** Please PRINT and use a SEPARATE form and a SEPARATE CHECK for each camper and event.

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I.: \_\_\_\_\_  Male  Female

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Church Name and Town \_\_\_\_\_ Denomination \_\_\_\_\_

Email \_\_\_\_\_

Are you willing to share a room with someone else? \_\_\_\_ Yes \_\_\_\_ No      Are you willing to sleep on a top bunk? \_\_\_\_ Yes \_\_\_\_ No

How did you find out about camp? \_\_\_\_\_

List major health concerns \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

	EVENT NUMBER	EVENT TITLE	DATES	FEE
1st Choice				
2nd Choice*				

\*will be automatically assigned if available      \*\* If registration is received by April 30, you will receive a \$10 discount.

### PAYMENT INFORMATION: (Please make checks payable to Camp Innabah)

Please pay full amount or \$100 minimum deposit for full week events and \$50 minimum deposit for half-weeks or day camp. **All credit card registrations MUST BE PAID IN FULL FOR THE FULL DEPOSIT AMOUNT (\$100 for all full-week or \$50 for a half-week or day camp event). Registration WILL BE RETURNED if payment is not indicated. Deposits are non-refundable.**

**PAYMENT**

Check       Money Order

Other \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

**CHURCH PAYMENT**

Check enclosed       Camp Cash enclosed

Check expected       Camp Cash expected

AMOUNT \$ \_\_\_\_\_

\_\_\_\_\_  
 (SIGNATURE/CHURCH REPRESENTATIVE)

**CREDIT CARD PAYMENT**

Discover       Mastercard       VISA

AMOUNT \$ \_\_\_\_\_ Exp. date \_\_\_\_\_

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

\_\_\_\_\_  
 (SIGNATURE)

I (name) \_\_\_\_\_ will attend the above listed 2009 summer camp event with the Eastern PA Conference-UMC.

I acknowledge my responsibility for payment of all fees in full to Camp Innabah, ONE FULL MONTH PRIOR TO THE START OF THE EVENT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**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 determine your eligibility and the best source of support.*

I request a Scholarship for Summer Camp 2009 for \_\_\_\_\_ (name of camper)

for the event indicated above for the following reasons: \_\_\_\_\_

If you are requesting a scholarship, additional paperwork will be sent to you after we receive your registration form.

Office only \$ \_\_\_\_\_ Board \$ \_\_\_\_\_ Site \$ \_\_\_\_\_ Challenge \_\_\_\_\_

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

**\*\* See Reverse Side for Regular Registration Form \*\***