

2009 SUMMER CAMP REGISTRATION FORM

Thank you for filling out this registration form carefully and completely. Please mail it WITH the \$75.00 deposit for *each* camping program.
All registration forms should be mailed to "CCCR, Attn: Summer Camp Registration, 1001 Wickapecko Dr., Ocean, NJ 07712"

CAMPER INFORMATION

Name _____ Birth Date _____ Gender Male Female

Address _____

Street _____ Apt. # _____ City _____ State _____ Zip Code _____
 Home Telephone # (____) _____ Grade Entering in Fall 2009 _____ Does the camper attend Church? Yes No

Name of Church _____ City _____

Pastor's Signature* _____ Date _____

*Please let your Pastor know your camper is attending camp. The camper can then be added to the prayer list within the Church. If any Camperships are available through your local Church, they can be sought at this time. The Pastor's Signature is requested, but not mandatory on this form.

Has your child ever been a summer camper at **Aldersgate**? Yes No Has your child ever been a summer camper at **Pinelands Center**? Yes No

Mother/Legal Guardian _____ Day Tele. # (____) _____

Home Tele. # (____) _____ EMAIL Address _____

Father/Legal Guardian _____ Day Tele. # (____) _____

Home Tele. # (____) _____ EMAIL Address _____

Signature of Parent/Legal Guardian _____ Date _____

For those who speak Spanish: Quiere usted el paquete de informacion de Pinelands Center en Espanol? Si No

CAMP PROGRAM INFORMATION

REQUESTED EVENT – CHECK WHICH CAMP:	ADDITIONAL EVENT– CHECK WHICH CAMP:	ADDITIONAL EVENT– CHECK WHICH CAMP:
<input type="checkbox"/> Aldersgate <input type="checkbox"/> Mt. Misery	<input type="checkbox"/> Aldersgate <input type="checkbox"/> Mt. Misery	<input type="checkbox"/> Aldersgate <input type="checkbox"/> Mt. Misery
Event Name _____	Event Name _____	Event Name _____
Event # _____ Event Date _____	Event # _____ Event Date _____	Event # _____ Event Date _____
Cost of Event \$ _____	Cost of Event \$ _____	Cost of Event \$ _____
A. Amount Enclosed \$ _____	A. Amount Enclosed \$ _____	A. Amount Enclosed \$ _____
B. Campership From Camper's Local Church** \$ _____	B. Campership From Camper's Local Church** \$ _____	B. Campership From Camper's Local Church** \$ _____
† † † † † † † † † †	† † † † † † † † † †	† † † † † † † † † †
SECOND CHOICE EVENT --Should above event not be available. Event Name _____	SECOND CHOICE EVENT --Should above event not be available. Event Name _____	SECOND CHOICE EVENT --Should above event not be available. Event Name _____
Event # _____ Event Date _____	Event # _____ Event Date _____	Event # _____ Event Date _____
Cost of Event \$ _____	Cost of Event \$ _____	Cost of Event \$ _____

****Applies to Mount Misery camp programs only.** If your local church is paying Mount Misery directly, fill in the amount it will pay in section B. Camp will bill your church for the Campership amount in section B. If the church pays you directly, or if you are not getting a church Campership, leave section B blank.

FOR VISA/MASTERCARD PAYMENTS ONLY: These payments must be made in full (whole cost of the camp program). Please complete the following –
 Which credit card are you using? VISA MASTERCARD

Card Acct. # _____ Expiration Date _____

X _____ Date _____ Tot. Amt. of Payment \$ _____

Cardholder's Signature

Printed Name of Cardholder _____

CAMP OFFICE USE ONLY – Please do not fill in the boxes below. Thank you.

Date Received	Deposit Check #	Housed	Campership	Date Confirmation Sent

OTHER OFFICE NOTES: