

2008 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

Full Name _____ Nickname _____ Birth Date _____ Gender Male Female
 Address _____
 Street _____ Apt. # _____ City _____ State _____ Zip Code _____
 Email Address _____ Grade **Entering** in Fall 2008 _____ Does the camper attend Church? Yes No
 Name of Church _____ City _____

Pastor's Signature* _____ Date _____
 *Please let your Pastor know your child 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 _____ Email Address _____
 Home # (____) _____ Cell Phone# (____) _____ Work # (____) _____

Father/Legal Guardian _____ Email Address _____
 Home # (____) _____ Cell Phone# (____) _____ Work # (____) _____

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"/> Pinelands Center	<input type="checkbox"/> Aldersgate <input type="checkbox"/> Pinelands Center	<input type="checkbox"/> Aldersgate <input type="checkbox"/> Pinelands Center
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 \$ _____

**If your local church is paying the camp 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:

2008 CAMPERSHIP ELIGIBILITY / FINANCIAL INFORMATION FORM

Please complete this form **ONLY** if you are requesting financial assistance.

- **Partial Camperships may be used for any Aldersgate or Pinelands Center summer camp program. Campers are limited to one Campership for one week per summer.**
- **Full Camperships can be provided for Hulitt Campers ONLY at Pinelands Center**
 - **Please note the essay requirement for the campership***
- If you are requesting financial assistance, this form must be completed entirely and accompany the registration form on the other side of this page along with the camper's composition (essay requirement – see below*).
- This completed Campership form takes the place of the required \$75.00 deposit **ONLY** IF the camper is registering for a Hulitt Campership from Pinelands Center.
- All Camperships are based on financial need. Based on the information you provide, we will determine the amount of Campership for which you qualify.
- Please consider your needs carefully. If funds are used to send a child to camp who can afford to pay for camp, another deserving child may have to be denied Campership assistance.
- **Please remember that a United Methodist Pastor's signature is required on this form.**
If you are not affiliated with a United Methodist Church, please call the office of the camp your child plans to attend and we will connect you with one in your area.

Aldersgate Center (973) 383-5978

Pinelands Center at Mt. Misery (609) 893-3354

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This camper will be considered for a Campership if and **ONLY IF**:

- ❖ **ALL 6 ITEMS BELOW ON THIS FORM ARE FILLED IN COMPLETELY,**
- ❖ **THE CAMPER COMPOSITION IS ENCLOSED WITH THIS FORM, AND**
- ❖ **THIS FORM IS SIGNED BY THE CAMPER'S LEGAL PARENT/GUARDIAN.**

This form will not be processed without all the information asked for below.

1. Camper's Name: \_\_\_\_\_ Age \_\_\_\_\_

2. **United Methodist Pastor's Signature (required):**

\_\_\_\_\_ Date \_\_\_\_\_

Church: \_\_\_\_\_ City \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

3. Household Income (before deductions) on 2007 Tax Return: \$ \_\_\_\_\_

4. Total Number of Persons in the Household (including adults): \_\_\_\_\_

5. Other Circumstances (if any) That May Affect the Family's Ability to Pay the Full Cost of Camp: (If there are none, then write "None.") \_\_\_\_\_

6. **Name of the Event for Which the Campership is Being Requested:**

\_\_\_\_\_ Date \_\_\_\_\_

**Which Camp:**

Aldersgate Center

Pinelands Center at Mt. Misery

### **\*ESSAY REQUIREMENT FOR ALL CAMPERSHIP APPLICANTS:**

Campers who wish to receive a campership must answer the following question without adult assistance. Children with limited handwriting and composition skills may have assistance with writing their answers down.

**Question: Why do you want to attend a week at camp?**

Please attach the answer to this form and send them in **TOGETHER**.

### **Signature of Legal Parent/Guardian:**

I, the legal parent/guardian of the above named camper, do declare that all information listed on this Campership eligibility form and on the camper's registration form is true to the best of my knowledge and is subject to verification.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_