

# Registration Form

## Camper

Complete this entire form for each camper and each camping event. Make additional copies as needed.

Last Name		First Name		Initial
Address		City	State	ZIP
Email		Date of Birth	Age as of 6/1/2010	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian			Mobile Phone (may be used for text messages)	
Home Phone	Day Phone		Name and relationship at Day Phone	
Name of Home Church		Location of church		
Child Special Needs (accessibility, health concerns, diet, allergies, etc.)				
Parent/Guardian Special Circumstances (family concerns, legal restrictions, etc.)				
Bunkmate (If possible, our staff will honor your request for ONE preferred bunkmate.)				
T-Shirt Size (some events include T-shirts in registration fees) <input type="checkbox"/> Child <input type="checkbox"/> 6-8 <input type="checkbox"/> 10-12 <input type="checkbox"/> 14-16 <input type="checkbox"/> Adult <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL				

## Event

Event Dates	Event Number	Event Name	Campsite
to			

## Bring a Friend

Make photocopies of this application, fill your name and address in the space below and give it to a friend. If they have never been to a camping event before and decide to come this year, we'll give you a camping credit worth \$25 for each friend that you bring.

Referred by			Phone	
Address		City	State	ZIP

## Payment Information

Payment in full due 2 weeks before beginning of camp

Price of Event \$ \_\_\_\_\_

Less \$25 for each additional family member \$ \_\_\_\_\_

Amount Enclosed from Camper \$ \_\_\_\_\_

Amount Enclosed from Church or Agency\* \$ \_\_\_\_\_

Must be at least 25% of the PRICE

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

**BALANCE DUE** \$ \_\_\_\_\_

Balance Due from Camper \$ \_\_\_\_\_

Balance Due from Church or Agency \$ \_\_\_\_\_

Amount Requested from Campership\*\* \$ \_\_\_\_\_

\* Agency staff are any counselor, social worker or other community service worker in your area.

\*\* Attach Campership Application Form signed by Agency\*, Camp or Church staff

### Pay by Credit Card



Card Number	Exp. Date
Card Holder Signature	
Street Address and ZIP	

**Make check to:**  
IA Conf. UM Camp

**Mail to:**  
Conference Camp  
& Retreat Office  
2301 Rittenhouse Street  
Des Moines, IA 50321-3101

**To request a catalog:**

**800-765-1651**

OFFICE USE ONLY

Reg. Date	Reg. #
Event Assigned	
Campership	
CC Auth Code	