

**FAMILY INFO**

**Name of Camper:** \_\_\_\_\_

**Camper Address** (Street, City, Zip): \_\_\_\_\_

Parent 1/ Guardian Name: \_\_\_\_\_ Parent 2/ Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell/Pager Number: \_\_\_\_\_ Cell/Pager Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: (If different from camper) \_\_\_\_\_ Address: (If different from camper) \_\_\_\_\_

Name of Church: \_\_\_\_\_ City: \_\_\_\_\_ Denomination: \_\_\_\_\_

Sponsoring church/agency responsible for payment: \_\_\_\_\_ Amount (if known): \$ \_\_\_\_\_

**CAMPER INFO**

Date of Birth: \_\_\_\_\_  Male  Female Age at Camp: \_\_\_\_\_ Grade ENTERING Fall 2017: \_\_\_\_\_

Camper E-mail: \_\_\_\_\_

Cabinmate Request: \_\_\_\_\_  
(If possible we will honor your request for one cabinmate, if campers are the same age group/programs and each lists the other on their registration form.)

Camper Resides with:  Mother  Father  Both  Other \_\_\_\_\_

Is this the first time attending a Susquehanna Conference UM Camp:  Yes  No

I first heard about camp through:  Church  Brochure  Website  Family  Friend  Newsletter  Other \_\_\_\_\_

**CHOICES**

*please list your top*

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Dates: (ex. 6/12 - 6/17/16) \_\_\_\_\_ Program Name: (ex. Scrapbooking) \_\_\_\_\_ Site: (Camp Penn, Greene Hills, Mt. Asbury, Wesley Forest) \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I'm selecting:  Tier 3 (Blue)  Tier 2 (Red)  Tier 1 (Green) **Total Program Fee(s):** \$ \_\_\_\_\_

**DISCOUNTS**

\$15 Sibling Discount\* (My sibling is \_\_\_\_\_ )  
(\*First child in family registers at full price)

**T-Shirt Size**  
Youth:  small  medium  large  
Adult:  small  medium  large  X-Large  XX-Large  XXX-Large

**50% deposit** per session must accompany registration.

Balance due **2 weeks** before camp begins.

**Total Discounts:** -\$ \_\_\_\_\_  
**\$1 Donation to the Scholarship fund:** +\$ \_\_\_\_\_  
**Total:** \$ \_\_\_\_\_

**Amount Enclosed:** \$ \_\_\_\_\_  
**Balance Due:** \$ \_\_\_\_\_

**SIGN**

**PLEASE READ CAREFULLY**

- I give permission for my child to attend the camp session for which he/she is registering.
- I give permission for my child's name, address, phone number, and e-mail address to be shared with his/her fellow campers.
- I give permission for still or video pictures of my child to be taken and used for camp promotional purposes.
- I give permission for photos of my child to be placed on Susquehanna Conference websites and Social Media pages in a camping context.

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

Parent/Guardian Name (please print) \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Fee \$: \_\_\_\_\_

Family Check #: \_\_\_\_\_ Church Check #: \_\_\_\_\_ Other Check #: \_\_\_\_\_

Amount \$: \_\_\_\_\_ Amount \$: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Camp #: \_\_\_\_\_ Campership: \_\_\_\_\_ Confirmed: \_\_\_\_\_

**PAYMENT**

**\* A 50% DEPOSIT** is required to secure your place at camp. Make checks payable to *Susquehanna Conference* or fill out the credit card information below.

**CREDIT CARD INFORMATION**  
 VISA  MASTERCARD  DISCOVER  
Name of Cardholder as it appears on card: \_\_\_\_\_

Zip Code of Cardholder's Billing Address: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

3-digit Verification Code from back of card: \_\_\_\_\_

Amount to be charged: \* \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail to: SUSUMC Camping Office, 303 Mulberry Drive, Mechanicsburg, PA 17050-3179