

ADULT REGISTRATION/MEDICAL FORM

Susquehanna Conference of the UM Church, Camp & Retreat Ministry

303 Mulberry Dr, Mechanicsburg, PA 17050; Phone: 771-766-7395, 800-874-8474

Fax: 717-766-5976; Email: camps@susumc.org; Website: www.susumcamps.org

Name _____ Male _____ Female _____

Address _____ DOB _____

City _____ State _____ Zip _____

Email Address _____

Home Phone () _____ Cell Phone () _____

Bunkmate _____

Camp Choice: Date _____ Site _____

Description _____

Church Name _____ District _____ Church

City _____

Emergency contact person _____

Relationship to camper _____

Home Phone () _____ Cell Phone () _____

Health Insurance Co. _____

ID/Policy No. _____ Group No. _____

Dietary needs/food allergies _____

Health issues we should know: Diabetes _____ Heart Disease _____ Asthma _____

High Blood Pressure _____ Others _____

Individual Payment \$ _____ Church Payment \$ _____

PLEASE READ CAREFULLY – I do give permission for my name, address, phone number, and email address to be shared with other persons in this retreat experience. **I do** give permission for still or video pictures of me to be placed on the Susquehanna Conference website and Social Media pages in a camping context.

(Signature)

(Date)

FOR OFFICE USE ONLY:	Date Received _____	Date Processed _____
	Camp # _____	Fee \$ _____
	Family Check # _____	Amount \$ _____
	Church Check # _____	Amount \$ _____
	Other Check # _____	Amount \$ _____
	Campership _____	Confirmed _____

THIS FORM MAY BE PHOTOCOPIED