

# SUSQUEHANNA CONFERENCE CAMP & RETREAT MINISTRY 2018 CAMP REGISTRATION FORM

It's easy to register online at  
[susumcamps.org](http://susumcamps.org)

FAMILY INFO

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

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

**Best E-mail:** (to receive pre-camp information) \_\_\_\_\_

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

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

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

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

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 2018: \_\_\_\_\_

Cabinmate Request: (full name) \_\_\_\_\_  
(If possible we will honor your request for one cabinmate. Campers must be in the same age group/event and list each other on their registration forms.)

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*

**2**

Dates: (ex: 7/8-12/2018) \_\_\_\_\_ Event Name: (ex: Camp Splash) \_\_\_\_\_ Site: (Camp Penn, Greene Hills, Mt. Asbury, Wesley Forest) \_\_\_\_\_

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

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

**Total Program Fee(s):** \$ \_\_\_\_\_

DISCOUNTS

\_\_\_ \$25 Early Bird Discount (Registrations must be postmarked on or before May 1)

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

\_\_\_ \$25 Bring-A-Friend Discount (Discount will be applied once the friend has registered)  
My first time camper friend is \_\_\_\_\_

**A 50% deposit of the listed camp fee must accompany the registration & medical forms. Balance due 2 weeks before camp begins.**

**Total Discounts:** - \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

**Amount Enclosed:** \$ \_\_\_\_\_

**Balance Due:** \$ \_\_\_\_\_

**Check Camper's T-Shirt Size** Youth:  small  medium  large Adult:  small  medium  large  X-Large  XX-Large  XXX-Large

SIGN

**PLEASE READ CAREFULLY AND CHECK CIRCLES THAT APPLY**

- 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) \_\_\_\_\_

**PAYMENT**

**A 50% DEPOSIT** of the listed camp fee is required to secure your place at camp. Please 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: \_\_\_\_\_

FOR OFFICE USE ONLY

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

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

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

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

Mail/send **completed & signed** registration form, medical form (both sides) and deposit to:  
**SUSUMC Camping Office, 303 Mulberry Drive, Mechanicsburg, PA 17050-3179 • [camps@susumc.org](mailto:camps@susumc.org) • fax: 717-766-5976**

***The registration process is not complete until the registration and medical consent forms, together with a 50% deposit, are submitted (via mail, fax, or e-mail).***

***Susquehanna Conference Camp & Retreat Ministry  
303 Mulberry Drive, Mechanicsburg, PA 17050-3179  
fax: 717-766-5976 e-mail: camps@susumc.org***

- Have you completed all sections on the registration form?***
- Have you signed and marked off the permission circles on the registration form?***
- Did you provide a valid email address to receive pre-camp information?***
- Is the medical consent form filled out completely, including emergency contact person?***
- Have you included a deposit check for 50% of the listed fee, or credit card information?***

***NOTE: Fee balance must be paid in full 2 weeks prior to the start of your week at camp.***