

# REGISTRATION FORM

Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Campers E-mail \_\_\_\_\_

Birth Date \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Emerg. Phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Church \_\_\_\_\_

Pastor \_\_\_\_\_

Church Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Resident Campers are assigned to a cabin before arrival. You may request to be with one friend. Write their name on the space below; they must also write your name on their registration form. Camp is also a time to make new friends.

Cabin mate request \_\_\_\_\_  
(Subject to Camp Approval)

If camper qualified for a free T-shirt by ***paying in full by March 1***, please circle your shirt size:

Youth: M L  
Adult: S M L XL

**All Registrations include a \$25 non-refundable, non-transferable deposit.**

Please circle the camp(s) you plan to attend.

<b>Resident Camps</b>			
<b>Friendship</b>	July 4-9	Ages 8-10	\$225
<i>God's Awesome Creation Week—Fun Nature Activities</i>			
<b>Frontier</b>	July 11-16	Ages 11-13	\$225
<i>Animal Planet Week—Discover the Great Outdoors!</i>			
<b>Teen</b>	July 18-23	Ages 14-18	\$225
<i>Africa Week—Great Activities, African food, Missions Awareness</i>			
<b>Comrade</b>	July 25-30	Ages 8-10	\$225
<i>Circus Week—Games and Circus-related Events</i>			
<b>Mini Camp</b>	Aug 1-3	Ages 6-8	\$145
<i>An Introduction to Camp for the Younger Camper</i>			
<b>Pioneer Camp</b>	Aug 1-6	Ages 11-13	\$225
<i>Treasure Hunters Week—Using Clues to Find Various Treasures</i>			
<b>Specialty Camps</b>			
<b>Junior Soccer</b>	July 11-16	Ages 11-15	\$255
<b>Art Camp</b>	July 11-16	Ages 11-15	\$255
<b>Senior Soccer</b>	July 18-23	Ages 14-18	\$255
<b>Music Camp</b>	Aug 1-6	Ages 11-13	\$225
<b>Day Camps</b>			
<b>Day Camp I</b>	July 5-9	Ages 6-9	\$140
<b>Day Camp II</b>	July 26-30	Ages 6-9	\$140
<b>Explorer Camps</b>			
<b>Explorer Camp I Climbing</b>	July 4-9	Ages 11-14	\$225
<b>Explorer Camp II Hiking</b>	July 25-30	Ages 11-14	\$225
<b>Wilderness Trips</b>			
<b>Caving &amp; Climbing Trip</b>	June 28—July 1	Ages 14 & up	\$255
<b>Adirondack Backpacking</b>	Aug 9-13	Ages 14 and up	\$255

- I was recruited by \_\_\_\_\_ (your friend will receive a \$10.00 discount from their registration)
- Please check here if camper qualifies for \$10 discount for 2nd, 3rd, (or more) family members residing at the same address.

**New Express Registration**

Save time and lines by paying your registration, store account, and photo purchase before arriving at Penn-York Camp.

**Store Account \$** \_\_\_\_\_  
Please note any restrictions or requests for store purchases:

**Camp Photo**

- \_\_\_\_\_ Yes, I want a Camp Photo for \$5.00.
- \_\_\_\_\_ No, I do not want a Camp Photo.

**Express Registration Totals**

**Registration Cost:** \_\_\_\_\_  
(be sure to deduct any discounts)

**Camp Store Account:** \_\_\_\_\_

**Camp Photo:** \_\_\_\_\_

**Rock Climbing/ Rappelling Option:** \_\_\_\_\_  
(\$20—Teen Camp Only)  
**Grand Total:** \_\_\_\_\_

Remember, **all** camp costs must be paid before your child's camp date to receive **Express** Registration.

(Visa/MasterCard/Discover credit card number) _____	_____ (Exp.date)
<b>\$</b> _____ (Amount Charged) (Card holder's signature)	_____

**Health Report** (attach full details as necessary)  
Health conditions or special needs requiring medication, treatment or restrictions

Allergies (Drugs, Food, Other)

Medications

Immunizations (check if up to date)

\_\_\_\_\_ Mumps \_\_\_\_\_ Measles \_\_\_\_\_ Rubella \_\_\_\_\_ Polio

Date of last tetanus booster \_\_\_\_\_

(Current tetanus shot required for Wilderness Trips and Explorer Camps)

In the event I cannot be reached in an emergency, I authorize all hospital/ medical treatment deemed necessary by the Camp for the welfare of the camper. I also give permission for my child to be included in any pictures used to promote Penn-York Camp.

(Please print name of parent/guardian)

(Signature of parent/guardian)

(Date)

(Visa/MasterCard/Discover credit card number)

(Exp.date)

**\$** \_\_\_\_\_  
(Amount Charged) (Card holder's signature)

For office use:

Ck # \_\_\_\_\_

Pstmk date \_\_\_\_\_

Amount \_\_\_\_\_

Payee \_\_\_\_\_

Penn-York Camp  
266 Northern Potter Rd  
Ulysses, PA 16948  
Ph (814) 848-9811  
Fax (814) 848-7471