

# Rock Point Summer Conferences 2006 Camper Registration

Parent/Guardian Name(s): \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ For: \_\_\_\_\_

Business Phone: \_\_\_\_\_ For: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ For: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ For: \_\_\_\_\_

**Please register my camper in the weeks\* listed below:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Finishing Grade in 2006: \_\_\_\_\_

\*Camp Session: \_\_\_\_\_ Cabin Mate Request: \_\_\_\_\_

The following opportunities are available for campers to develop leadership skills and practice their gifts and talents. Please check all that there is interest in:

Small Group Leader  Reading during the worship service  Worship Leader

Activity Leader  Musical Instrument  Singing  Hospitality

\* Camp Sessions (grades indicate grade finished in spring 2006):

Grades 9-12	June 25-July 1	Grades 5-6	July 9-15	Performing Arts (Grades 5-8)	July 23-29
Grades 7-8	July 2-8	Grades 3-4	July 16-22	All Ages	July 30-Aug. 5

I/we understand that cabin mate requests are mutual requests by both parties and that each camper may make one such request.

I/we will provide forms and balance due at least 3 weeks prior to the start of my camper's session.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail the completed registration form with a \$50 non-refundable deposit to: **Diocese of Vermont  
RPSC Camp Registrar  
5 Rock Point Road  
Burlington, VT 05401**

**Camp Fees** are \$365 per camp session or \$315 for campers who are members of an Episcopal Church or organization in the Diocese.  
*All Ages Camp fees are as follows: \$200 for adults; infants-2y/o free; 3-9 y/o \$65; 10 + y/o \$100. Maximun fee for a family is \$500. A family is defined as 2 adults and their minor children.*

**Scholarships:**

Check if you would like to receive a scholarship application form from the Rock Point Summer Conferences

Check if you are receiving a scholarship from your congregation or another organization. Please complete the following information:

Congregation: \_\_\_\_\_ Amount of Scholarship: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Notes: \_\_\_\_\_

**Signature of support person:** \_\_\_\_\_ **Date:** \_\_\_\_\_