

# ROCK POINT SUMMER CAMP 2007 - REGISTRATION FORM

RPSC Camp Registrar  
 20 Rock Point Circle  
 Burlington, VT 05408

Name \_\_\_\_\_  Male  Female  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone# (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Home Church \_\_\_\_\_

<i>Minors Only Complete the following:</i>		
Date of Birth _____	Age _____	Grade Completed in June _____
Parent/Guardian Names and Phone Numbers (Please Print)		
_____ Wk (____)	_____	Cell (____) _____
_____ Wk (____)	_____	Cell (____) _____

Cabin Mate Request\* \_\_\_\_\_

**Camp Session (Check One)**

- Grades 9-11 JUNE 24 - 30     Grades 5-6 JULY 8 - 14     All Ages JUL 29 - AUG 4  
 Grades 7-8 JULY 1 - 7     Grades 3-4 JULY 15 - 21

Please answer these questions so that we can provide the best camping experience possible.	
Medical Concerns (e.g., Allergies, Diabetes, etc.) _____	_____
Dietary Concerns (e.g., lactose intolerance, vegetarian diet, etc.) _____	_____
Special Concerns (e.g., Shy, Recent Family Loss, ADD, ADHD, etc.) _____	_____
Camper Health and Release forms are required before check-in	

Please indicate permission for the following by initialing:

- I give permission for still or video pictures of me/my child to be used for camp promotional purposes  
 I give permission for my name/child's name, address and phone number to be shared with other campers

Please complete, sign and send this form with deposit to the registrar. A non-refundable deposit of \$75 is required for all camps. REMAINDER OF FEE AND HEALTH FORM ARE DUE AT LEAST 3 WEEKS PRIOR TO CAMP/SESSION.

If you are receiving a scholarship from your congregation or another organization, please complete the following information:

Congregation \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Email \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ Notes \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (parent/guardian should sign for minors)

<b>FOR OFFICE USE ONLY</b>		Name _____	Camp# _____	Tot. Fee \$ _____	Camper # _____	Date Rec'd _____
		Pmt. Type _____	Amt. \$ _____	CK# _____	Date Rec'd _____	Deposit# _____
Pmt. Type _____	Amt. \$ _____	CK# _____	Date Rec'd _____	Deposit# _____		
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*Rock Point Summer Camps are open to everyone, regardless of religious creed, race, color, or national origin.*  
 \* I/we understand that cabin mate requests are mutual requests by both parties and that each camper may make one such request.