

ROCK POINT SUMMER CAMP 2008 - REGISTRATION FORM

(please complete one form per camper, per camp session)

RPSC Camp Registrar
20 Rock Point Circle
Burlington, VT 05408
802-658-6233

Name _____ Male Female
Address _____
City _____ St _____ Zip _____
Home Phone# (____) _____ Email _____
Home Church _____

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

Cabin Mate Request* _____

Camp Session (Check One)

- | | | |
|---|---|---|
| <input type="checkbox"/> Grades 10-12 June 22-27 | <input type="checkbox"/> Grades 4-6 July 6-11 | <input type="checkbox"/> DAY CAMP (grades 1-6) |
| <input type="checkbox"/> CIT (age 15-18) June 29-July 4 | <input type="checkbox"/> Grades 2-3 July 13-15 | <input type="checkbox"/> July 7-11 |
| <input type="checkbox"/> Grades 7-9 June 29-July 4 | <input type="checkbox"/> Grades 2-3 July 15-18 | <input type="checkbox"/> July 14-18 |
| <input type="checkbox"/> Arts Camp Grades 5-12 July 20-25 | <input type="checkbox"/> All Ages Camp July 20-25 | <input type="checkbox"/> July 21-25 |

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

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/child's name, address, phone, and email address to be shared with other campers

Please complete, sign and send this form with deposit to the registrar. A non-refundable deposit of \$90 is required for all camps. **REMAINDER OF FEE & HEALTH FORM ARE DUE AT LEAST 2 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 _____

Please check box if you are including a donation to the campership fund in the amount of \$ _____

SIGNATURE _____ Date _____
(parent/guardian should sign for minors)

FOR OFFICE USE ONLY	
Name _____	Camper # _____
Pmt Type _____	Amt. \$ _____
Pmt. Type _____	Amt. \$ _____
Pmt. Type _____	Amt. \$ _____
CK# _____	Tot. Fee \$ _____
CK# _____	_____
CK# _____	_____
Date Rec'd _____	Camper # _____
Date Rec'd _____	_____
Date Rec'd _____	_____
Deposit# _____	Date Rec'd _____
Deposit# _____	_____
Deposit# _____	_____

Rock Point Summer Camps are open to everyone, regardless of religious creed, race, color, or national origin.

Accepting Credit Card Payments Soon – Contact Office for Information

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