

Sierra Pines Camp Registration Form

Send Registration To: P.O. Box 70 Twin Bridges, Ca 95735 * Phone: (530) 659-7111 * Fax: (530) 659-7790

Email : info@sierrapines.org www.sierrapines.org

In order for you and/or your child to attend camp, please be sure to fill out this Registration Form and sign it where indicated. Feel free to copy this form if you have more than one person to register. (One form per person.) If you have any questions or need more forms, please contact us.

Camper Information <i>(Please print neatly)</i>	Camp Information
Camper's full name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth ___/___/___ Age ___ Grade _____ Home Address _____ City _____ State _____ Zip _____ Home Phone (_____) _____ Camper's Email _____ Roommate Request 1) _____ 2) _____ <i>We will make every effort to honor your request, but cannot guarantee this.</i>	Camp: _____ Sponsoring Church/Organization: _____ Date: _____ Camp Cost: _____
Cost, Discount and Payment Information (Personal Financial Worksheet)	
Camp Cost (Enter cost from above here) \$ _____ Camp Options Cost (skiing, etc.) \$ _____ My Total Session Camp Cost \$ _____ A non-refundable, non-transferable registration payment of \$50 per person (if registering as an individual for a Sierra Pines sponsored camp) is required along with the completed registration form <u>due no later than two weeks</u> before the date of the camp. The registration payment applies toward the total cost of camp. Register early—camps are limited in size.	Amount enclosed or to be charged \$ _____ (minimum \$25) Church Scholarship Amount (Amount your church has committed to pay) \$ _____ My Balance Due: \$ _____ Visa/MC # _____ - _____ - _____ - _____ Exp. ___/___ Billing address of card holder _____ Credit Card Security # _____ (3 or 4 digit #) Street _____ City _____ State _____ Zip Codes _____ Print Name _____ Card holder Signature _____
Parent/Church Information	<p style="text-align: center;">Please include the “Medical Liability and Release Form” and “Medication Administration Form”</p>
Responsible Party Name _____ Relationship to child _____ Day phone (_____) _____ Evening phone (_____) _____ Guardian's Email _____ <small>In order to reduce costs, we use email as our main form of communication. Include your address here if you would like to help. *****</small> Church Name _____ City _____ Children/Youth/Sr. Pastor _____ Pastor's Phone (_____) _____ _____ Check here if not attending with a church.	

Office Use Only
Clk# _____ CC Proc'd <input type="checkbox"/> Y <input type="checkbox"/> N Amt _____ Date Rec'd ___/___/___ Confirmation Sent ___/___/___