



Pilgrim Heights

Camp Retreat Center

2010 Summer Camp Registration Form

Camper Information

Name _____ Male Female

Street Address _____ Birthday _____ Grade Completed _____

City _____ State _____ Zip _____

Email _____

T-shirt size:	Child	S	M	L		
Adult	S	M	L	XL	XXL	XXXL

Phone _____ Allergies _____ Dietary Needs _____

Handicap accessible room needed Other Special Requests _____

Send program information via email Share my contact information with other campers in my session only

No. of times at camp _____ How did you hear about Pilgrim Heights? _____

I am a first time camper, and I was referred by _____

Name of Home Church _____ Location _____

Parent / Guardian / Emergency Contact Information

Name _____ Phone w) _____ h) _____ c) _____

Relationship _____ Email _____

Name _____ Phone w) _____ h) _____ c) _____

Relationship _____ Email _____

Session Choices (you will receive confirmation of registration)

1st Choice _____ Date _____

2nd Choice _____ Date _____

Cabin mate / Room Assignment _____

Payment Check or money order payable to Our Sacred Space Amount Enclosed \$ _____ Remaining Balance \$ _____

Balance Paid By

Name _____ Amount \$ _____ Church _____ Amount \$ _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

For balances by paid churches, pastor's signature is required _____

Pastor's Signature

Terms of Agreement; I grant permission for my camper to participate in all camp activities including off site trips by van or bus. In case of accident or illness, Pilgrim Heights is authorized to secure emergency transportation and medical treatment for my camper. Pilgrim Heights has my permission to use photographic images of my camper for official use without compensation.

Parent/Guardian Signature _____ Date _____