



# Pilgrim Heights

Camp Retreat Center

## 2012 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

Phone \_\_\_\_\_ Allergies \_\_\_\_\_ Dietary Needs \_\_\_\_\_

Handicap accessible room needed Other Special Requests \_\_\_\_\_

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 \_\_\_\_\_

### Session Choice

Share my contact information with other campers in my session only

Session Name \_\_\_\_\_ Date \_\_\_\_\_

Cabin mate / Room Assignment \_\_\_\_\_

### Parent / Guardian / Emergency Contact Information

Name	Relationship	Home Phone	Cell Phone	Email

**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 swimming, boating, low ropes challenge activities and potentially 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 \_\_\_\_\_