

CASOWASCO REGISTRATION FORM 2021

Send completed registration to:

Casowasco Camp & Retreat Center
158 Casowasco Drive
Moravia NY 13118
registrar@campsandretreats.org

FAMILY INFO

Name of Camper/Family _____
Camper/Family Address (Street, City, Zip) _____
Parent 1/Guardian _____ Parent 2/Guardian _____
Home Phone _____ Home Phone _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____
E-mail _____ E-mail _____
Address (if different) _____ Address (if different) _____
Name of Church: _____ City: _____
Sponsoring church/agency : _____

CAMPER/S INFO

****If registering only 1 camper, or additional campers for Family Camp, please complete the information below:**

Name of Camper _____ Date of Birth _____ Male Female
Camper Resides With: Mother Father Both Parents Guardian(s) Other _____
Name of Camper _____ Date of Birth _____ Male Female
Camper Resides With: Mother Father Both Parents Guardian(s) Other _____
Name of Camper _____ Date of Birth _____ Male Female
Camper Resides With: Mother Father Both Parents Guardian(s) Other _____

CHOICES

Dates:	Program Name:	Fee:	Fees: Day Camp: \$195.00 Lakeside: \$650 / \$525 Family Camp: (Per person ages 4+) Full Week: \$275.00 Half Week: \$165.00 Deposit: Day Camp - \$75, Lakeside - \$150
1. _____	_____	_____	
2. _____	_____	_____	
3. _____	_____	_____	

PAYMENT

Checks should be made payable to: UNYAC.
Method of payment:
 Check # _____
 Cash \$ _____
 Visa
 MasterCard


Amount to be placed on card (if other than full amount): _____
Card Number: _____
Security Code: _____ Expiration Date (mm/yy): ____/____
Name on Card (please print): _____
Cardholder's Signature: _____

If different from mailing address:
Billing Address: _____
City: _____ State: _____ Zip: _____

PERMISSION

Guardian Permission:

I hereby give my permission for my child (named above) to attend the camp program for which he/she is registering; for. My child's name/address/e-mail address to be shared with his/her program group and United Methodist agencies; and for still/video pictures of my child to be used for promotional purposes. In event of accident/illness, the site administration has my permission to secure emergency medical care as needed until I can be reached. I understand that a properly completed health forms are required for attendance.

 SIGNATURE OF GUARDIAN _____ DATE _____

FOR OFFICE USE ONLY

CAMPER NAME _____

CHURCH NAME _____

POSTMARK DATE _____

RC'D _____