



CASOWASCO

Camp & Retreat Center
 158 Casowasco Dr, Moravia, NY 13118
 www.casowasco.org
 315-364-8756

2022 Summer Camp Registration Form

Please note: There is a \$25 processing fee to submit this paper application. To avoid this fee register online at www.casowasco.org

CAMPER INFO

Camper Name: _____ Date of birth: _____

Gender: Male Female T-shirt Size (circle one): Youth S M L Adult S M L XL XXL

Camper Address: _____

Camper Email: _____

Parent/Guardian 1: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

Address (if different): _____

Parent/Guardian 2: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Email: _____

Address (if different): _____

Camper resides with: Mother Father Both Parents Guardians Other: _____

Do you attend church? _____ Name of Church: _____

PROGRAM SELECTION

Select desired program(s) and dates with an 'X'. If camper is registering for more than one program, select all programs and dates requested. Areas in gray are not available those weeks.

	Lakeside Day Camp (Monday—Friday only)	Lakeside Resident	Leaders in Training (4-week program)	Tweeters (2-week program)	Gaga Ball	Lights, Camera, Action	Construction Zone	Mariners	Highlands	Highlands, Jr.	Beyond Highlands	Roller Coaster	White Water Rafting
Week 1: June 26—July 1													
Week 2: July 3—8													
Week 3: July 10—15													
Week 4: July 17—22				Ages 12-14									
Week 5: July 24—29													
Week 6: July 31—August 5				Ages 9-11									
Week 7: August 7—12													
Week 8: August 14—19													
Week 9: August 21—26													
Week 10: August 28—Sep 2													

Bunkmate Request: _____
 (Bunkmate requests must be for the same program, the same week, and have the same gender and age within 12 months. Each bunkmate should request each other on their registration forms.)



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A deposit must be paid in order to hold a camper's reservation for a summer session. The deposit paid is deducted from the total price of the camp. It is NOT an additional fee. The session prices and deposit amounts are listed below. Please complete the form accordingly to your camper and family's program requests. You may mail a check for the deposit amount or complete the form below with credit card information. Please note that registration by this paper form does constitute a \$25 processing fee which you will see in the formula below. Be sure to include it in your deposit total.

CAMPER DEPOSIT

	<u>Total Cost/week</u>	<u>Deposit/week</u>	x	<u>#of sessions</u>	=	<u>Total Deposit</u>
Day Camp	\$195	\$75	x	_____	=	_____
Lakeside Resident	\$695	\$75	x	_____	=	_____
Leaders in Training	\$2,980	\$300	x	<u>1</u>	=	_____
Tweekers	\$1,490	\$150	x	_____	=	_____
Gaga Ball	\$695	\$75	x	<u>1</u>	=	_____
Lights, Camera, Action	\$725	\$75	x	<u>1</u>	=	_____
Construction Zone	\$695	\$75	x	<u>1</u>	=	_____
Mariners	\$725	\$75	x	<u>1</u>	=	_____
Highlands	\$615	\$75	x	_____	=	_____
Highlands, Jr	\$615	\$75	x	_____	=	_____
Beyond Highlands	\$815	\$82	x	<u>1</u>	=	_____
Roller Coaster	\$990	\$100	x	<u>1</u>	=	_____
White Water Rafting	\$1,105	\$110	x	<u>1</u>	=	_____
Deposit Total: +						_____
Paper application processing fee: +\$25						_____
TOTAL:						_____

PAYMENT

Method of Payment: Check #: _____ Check Amount: _____

Visa Mastercard

Amount to be placed on Card: \$ _____

16-digit card number: _____

CVV code: _____ Expiration Date: _____

Name on Card (print): _____

Cardholder's Signature: _____

Billing Address (if different from camper): _____

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 the 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 properly completed health forms are required for attendance.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____