



UNY CAMP & RETREAT MINISTRIES

# SUMMER CAMP REGISTRATION FORM

Casowasco Camp & Retreat Center

## Reminder!

IT'S EASY TO REGISTER ONLINE AT  
CAMPANDRETREATS.ORG

### FAMILY INFO

CAMPER'S NAME \_\_\_\_\_

CAMPER ADDRESS (Street, City, State, Zip) \_\_\_\_\_

Parent 1/Guardian Name \_\_\_\_\_ Parent 2/Guardian Name \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
*(If different than camper)* *(If different than camper)*

Name of Church \_\_\_\_\_ City \_\_\_\_\_ Denomination \_\_\_\_\_

Sponsoring church/agency responsible for payment \_\_\_\_\_ Amount (if known) \$ \_\_\_\_\_

Camper's Name \_\_\_\_\_

### CAMPER INFO

Date of Birth \_\_\_\_\_ Age at Camp \_\_\_\_\_

Grade Entering \_\_\_\_\_

Camper Email \_\_\_\_\_

Camper T-shirt Size \_\_\_\_\_

Housing Preference:  Male  Female

Cabinmate Request \_\_\_\_\_  
*(If possible, we will honor your request for one cabinmate, if campers are the same age group/program and each lists the other on their registration form.)*

Camper resides with:  Mother  Father  Both  Other \_\_\_\_\_

**Notes for leaders to help my child have a super week.**  
*Please note a recent family loss/change, custody information, medical needs, dietary requirements/allergies, life-threatening allergies, behavioral notes. These notes are used to help prepare for camp. They are not used to establish eligibility. Please attach extra pages as needed.*

\_\_\_\_\_

I first heard about camp through:  Church  Agency  Brochure  
 Website  Family  Friend  Newspaper  Social Media  
 Other \_\_\_\_\_

### CHOICES

please list your top

**3**

**Dates:** (ex. 7/30 - 8/4) \_\_\_\_\_

**Program Name:** (ex. Club Casowasco) \_\_\_\_\_

**Fee:** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I'm selecting:  Tier One (YELLOW)  Tier Two (PINK)  Tier Three (BLUE) **Total Program Fee(s):** \$ \_\_\_\_\_

Postmark date \_\_\_\_\_

### DISCOUNTS & PAYMENTS

**Sibling Discount** (-\$20.00 per camper)

My sibling (name) \_\_\_\_\_ is attending (program) \_\_\_\_\_  
\_\_\_\_\_ at (site) \_\_\_\_\_

**\$75\***  
deposit per session must accompany registration

**Total Discounts** -\$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**Amount Enclosed\*** \$ \_\_\_\_\_

**Balance Due** \$ \_\_\_\_\_

Method of Payment:  Check # \_\_\_\_\_ (Made payable to "UNYAC")  Visa  Mastercard (Charge will show as "Upper New York Annual Conference")

Card Number \_\_\_\_\_ Expiration Date (XX/YY) \_\_\_\_/\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Cardholder's Name (please print) \_\_\_\_\_

Cardholder's Address (Street, City, State, Zip) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Received \_\_\_\_\_

### SIGN

**PARENTAL/GUARDIAN PERMISSION:**

*I hereby give my permission for my child (named above) to attend the camp session for which he/she is registering. I understand that my child's name/address/e-mail address may be shared with his/her program group and UM agencies, and still/video pictures of my child may be used for promotional purposes unless I notify the camp administration in writing to the contrary. The camp administration has my permission to secure emergency medical care as needed until I can be reached. I understand that properly completed medical information is required for attendance. I understand that summer camp programs may include off site travel and/or off site swimming.*

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*Remember to send registration & payment to: **Casowasco Camp & Retreat Center, 158 Casowasco Dr, Moravia NY 13118**