

Registration Information

Family Name _____

Mailing Address _____

City _____ ST _____ ZIP _____ Home Phone (____) _____

E-mail Address _____

Home Church _____ City _____

PLEASE COMPLETE FOR YOUTH CAMP REGISTRATIONS:

Mom (or Parent 1) Name _____ Cell/Work Phone _____

Dad (or Parent 2) Name _____ Cell/Work Phone _____

Emergency Contact _____ Phone _____

(please list emergency contact person other than immediate family)

FOR PARENTS OF CAMPERS AT YOUTH EVENTS: It is our objective and commitment to treat each camper as an individual and meet their specific needs. Any information you can share with us about your child will help us meet this objective. For example, please specify personal needs, medical concerns, behavioral observations and other relevant information. A few insightful sentences on an attached page will help us know your child and provide a healthy, growing, Christian experience for them while they are at camp.

PARTICIPANT INFORMATION

Event Selection (1st choice) _____ 2nd choice _____

Individual Participant's Name	Birth Date MM/DD/YY	Sex M/F	For youth, grade completed June 2009

PAYMENT INFORMATION

- Check or Money Order enclosed (please make check payable to United Church Camps, Inc)
- Charge to my MasterCard or Visa. Card expires on _____
Card number _____
Signature _____

PAYMENT TO COVER THE ENTIRE DEPOSIT AMOUNT LISTED MUST ACCOMPANY THIS REGISTRATION!

All deposits, except for a \$30.00 handling fee, are refundable upon notification four weeks prior to the start of the event. After four weeks prior, all deposits will be retained by the camp. No refunds are issued after the start of the event.

REGISTRAR
PILGRIM CENTER
W1010 Spring Grove Rd
Ripon WI 54971-8647
920-PILGRIM • FAX 920-748-6752

**Please use a separate
registration form
for each individual
family unit.**

REGISTRAR
MOON BEACH CAMP
7250 Birchwood Dr
St Germain WI 54558-9178
715-479-8255 • FAX 715-479-3826