

REGISTRATION INFORMATION



Family Name _____
 Mailing Address _____
 City _____ State _____ Zip _____ Phone (_____) _____
 Email Address _____
 Home Church _____ City _____

PARTICIPANT INFORMATION

Individual Participant's Name	Event Selection First Choice	Event Selection Second Choice	Birth Date MM/DD/YYYY	Gender M/F	Grade Entering in Fall For Youth

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 to know your child and provide a healthy, growing, Christian experience for them while they are at camp.

DIET INFORMATION (All Campers)

Please indicate any medical dietary needs. Special dietary requests **MUST** be communicated prior to your arrival or they may not be accommodated.

Vegetarian Vegan Lactose Intolerant Casein Free Gluten Free Diabetic

Other: _____

PAYMENT INFORMATION

Check or Money Order enclosed *(Please make check payable to United Church Camps, Inc.)*

Charge to my Mastercard/Visa/Discover/AmEx *(Please circle one.)*

Card Number _____ Expiration Date _____ Security Code _____

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.

Please return completed form to the site of your event.

Moon Beach
 1487 Moon Beach Rd
 St. Germain, WI 54558-9178
 715-479-8255

Daycholah Center
 W1010 Spring Grove Rd
 Ripon, WI 54971-8647
 920-745-4746

Cedar Valley
 5349 County Road D
 West Bend, WI 53090
 262-629-9202