

# SLM Summer 2019

## Cross-Generational Camper Registration



### Camper Information:

*(Please Print)*

Family/Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact (other than above): \_\_\_\_\_

Emergency Contact Relation (i.e. parent, aunt): \_\_\_\_\_ Phone: \_\_\_\_\_

Church Name & City (if applicable): \_\_\_\_\_ Amount Paid By Church: \_\_\_\_\_

Please list ALL participants Names, Addresses and Ages of Children:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate any special physical, dietary or emotional needs here: \_\_\_\_\_

\_\_\_\_\_

### Camp Information:

Camp Program: \_\_\_\_\_

1<sup>st</sup> Choice of Dates: \_\_\_\_\_ 2<sup>nd</sup> Choice of Dates: \_\_\_\_\_

### Payment Information: *(Non-refundable \$75 deposit required with registration)*

Payment Type: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ *(We accept Visa, MasterCard, American Express and Discover)*

Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ 3 or 4 Digit Security Code: \_\_\_\_\_

*As participants in a Cross-Generational program, we agree that the camp or its personnel will not be held responsible for accidents arising while here. I also give permission for the use of photographs, video and electronic images including myself or those registered to attend camp with me.*

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_