

# 2008 CAMP REGISTRATION

Dear Registrar,

I hereby grant permission for my child(ren) and/or myself to participate in all activities, to receive emergency treatment and to be included in any photographs and/or video productions used to promote Haycock Camping Ministries.

\_\_/\_\_/\_\_ X  
**Date Signature of Parent or Guardian**

\_\_/\_\_/\_\_ X  
**Date Signature of Attending Adult**

A \$75 non-refundable, non-transferable deposit is required with each registration. This deposit is applied to the camp fee.

Financial assistance may be available. Call for a campership application if needed. All campers are welcome regardless of race, color, religion or national origin.

Medical payments are required at the time services are rendered. Haycock camping Ministries is NOT responsible for medical costs incurred while at camp.

Contact the office at 610-346-7155, info@haycock.org or www.haycock.org for more information.

**Note:** Please complete a separate registration form for each camper/program. Please feel free to make copies. Registrations must be received one week prior to camp sessions.

Checks should be made payable and sent to:

**Haycock Camping Ministries**  
**3100 School Road**  
**Kintnersville, PA 18930**

Program Title: \_\_\_\_\_

Program dates: \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Child's Name(s) \_\_\_\_\_

Birth date \_\_\_\_\_ Age at time of camp \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**T-Shirt Size:**  
 Youth S,M,L,  
 Adults S,M,L,XL,2X

Email \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone for \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Alternate Phone for \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

Church \_\_\_\_\_

Child's Cabin Mate Request \_\_\_\_\_

(Must be same age/grade & in same program)

Please include a list of any camper or parent with known allergies or health conditions requiring treatment, restrictions or other accommodations while at camp:

\_\_\_\_\_

\_\_\_\_\_

Card Payment:  VISA  MasterCard  Discover

\_\_\_\_\_/\_\_\_\_\_  
 Authorized Signature Date

Card # \_\_\_\_\_

\_\_\_\_\_  
 Please Print Name of Card Holder

\_\_\_\_\_/\_\_\_\_\_  
 Exp. Date 3 Digit Security Code \$ Amt. Charged

\_\_\_\_\_  
 Billing Address: (if different from mailing address)