

2019 SUMMER REGISTRATION

(2019 Parent/Child Registration on other side)

Dear Registrar,

Please register my child for the camping program(s) checked below in the registration box. I hereby grant permission for my child to participate in all camp activities, out of camp trips, to receive emergency treatment, and to be included in any photographs and/or video productions used to promote Haycock Camping Ministries and any Haycock-related mailings.

____/____/____ x _____
Date Signature of Parent or Guardian

A \$100.00 non-refundable, non-transferable deposit per program **MUST** accompany all registrations. Deposits are applied to your camp tuition. Campers paid in full by May 1, may deduct \$25.00 from the weekly fee (excludes those receiving financial assistance). **Completed health form and physical are required to attend summer camp. The health form can be found under "camper forms" tab at www.haycock.org.**

Financial assistance may be available upon request and review by the camp office. All campers are welcome regardless of race, color, religion or national origin. Medical payments are required at the time services are rendered (excluding hospital care). Haycock Camping Ministries is NOT responsible for medical costs incurred by your child while at camp.

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

We strive to plan a menu that will be enjoyed by our campers and will provide nutritious choices at each meal. Please understand that although we include several options during meal-times, it is not always possible for Haycock to cater to the needs of individual campers with significant dietary restrictions. We ask that you provide pre-made frozen meals as an alternative for any dietary restrictions. Haycock's Dining Hall and Kitchen is NOT a nut-free facility.

Camper Child _____

Guardian/Parent Name _____

Street _____

City _____

T-Shirt Size (circle 1)
Youth S, M, L,
Adults S, M, L, XL, 2X

State _____ Zip _____

E-mail _____

Birthdate _____ Age _____

Male Female

Home Phone (_____) _____

Cell Phone for _____ (_____) _____

I'm a first year camper!

I was referred by _____

Cabin Mate Request _____

(must be same age or grade and in same program)

Summer Camp Programs (Please check appropriate box)

CORE BOY'S CAMPS

Boy's Mini Camp (Boys 7-10) \$150

July 7-9 July 24-26

Boy's Mini Camp (Boys 9-12) \$150

July 10-12 July 21-23

Stockade (Boys 8-10)..... \$350

July 7-12 July 14-19
 July 21-26 July 28- August 2

Trailblazers (Boys 10-12) \$350

July 7-12 July 14-19
 July 21-26 July 28- August 2

Battalion (Boys 12-14)..... \$350

July 7-12 July 14-19
 July 21-26 July 28- August 2

Leadership Growth Program (Boys 15-16)

June 23 - August 2 \$700

Haycock Day Camp (Boys/Girls age 5 -12) June 24-28

Full Week with transportation \$200

Full Week without transportation \$175

Day Options M T W Th F \$50/day

Overnight Options W Th \$25/night

BOY'S ADVENTURE CAMPS

The Haycock Experience (Boys 13-16)

July 7-12 \$425

Sports Camp (Boys 10-14) July 7-12 \$425

High Adventure (Boys 13-16) July 14-19 \$425

Marksmen (Boys 13-16) July 14-19 \$425

Wings and Wheels (Boys 13-17) July 14-19 \$450

River Adventure (Boys 13-16) July 21-26 \$425

Outpost Camp (Boys 12-15) July 21-26 \$350

Go Cart Week (Boys 13-16) July 28- August 2 \$425

Music Camp (Boys 13-16) July 28- August 2 \$375

Paintball Adventure (Boys 13-16) \$475
July 28- August 2

GIRL'S CAMPS

Haycock Day Camp (Boys/Girls age 5 -12) June 24-28

Full Week with transportation \$200

Full Week without transportation \$175

Day Options M T W Th F \$50/day

Girl's Mini Camp (Girls 7 - 12), June 23 - 25 \$150

Girl's Summer Camp Week (Girls 8-14), June 30 - July 5 \$350

Girl's Challenge Week (Girls 13-16), June 30 - July 5 \$350

Girl's Discipleship Camp (Girls 13-16), June 30 - July 5 \$350

Note: Please complete a separate registration form for each camper. Checks should be made payable and sent to:

Haycock Camping Ministries
3100 School Rd.
Kintnersville, PA 18930

Card Payment: VISA / Mastercard / Discover

(Deposits non-refundable/non-transferable)

Card# _____

_____/_____/_____ \$ _____
Exp. Date Amt. Charged

Please Print Name of Card Holder

Authorized Signature

Billing Address: (if different from mailing address)