

# Warren Willis United Methodist Camp 2017 Day Camp Registration Form

## Part 1: Camper Data

Camper's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Camper's Address: \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip)

Camper's Primary Phone Number: ( \_\_\_\_\_ )

Family's Primary Email Address: (the email address you list will be the one used by the camp for all correspondence)

Name for Name Tag: \_\_\_\_\_ Gender: \_\_\_\_\_ male \_\_\_\_\_ female

Date of Birth: \_\_\_\_\_ Camper's Grade in Fall of 2017: \_\_\_\_\_  
(MM/DD/YYYY)

Indicate which session(s) your camper will attend  June 5-9  June 12-16  June 19- 23  June 26-30  
 July 3-7  July 10-14  July 17-21  July 24 -28

Indicate T-Shirt Size:  Child S  Child M  Child L  Youth L (14-16)  Adult S  Adult M  Adult L

## Part 2: Family Data

Guardian 1: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )  
(First) (Last) (relationship to camper)

Address: \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip)

Guardian 2: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )  
(First) (Last) (relationship to camper)

Address: \_\_\_\_\_  
(Street/PO Box) (City) (State) (Zip)

Camper Lives With:  Mother  Father  Both Parents  Other: \_\_\_\_\_

## Part 3: Emergency Contact Information

Emergency Contact is in addition to Mother/Father Guardian Information. It must be a different person than who is listed above. This person will be contacted in an emergency we not be able to reach the Mother, Father or Guardian.

Emergency Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )  
(Name) (Relationship to Camper)

## Part 5: Payment Information

Enclose your Deposit \* \$25 Per week X \_\_\_\_\_ weeks for a Total Deposit \$ \_\_\_\_\_  
\*see website FAQ's for your balance due dates (no. of weeks)

or  
 Enclose your Total Payment \$130 Per week X \_\_\_\_\_ weeks for a Total Fee of \$ \_\_\_\_\_  
(no. of weeks)

Payment: (Please mail this form and your payment to the address below.)

Personal Check Check # \_\_\_\_\_ In the amount of \$ \_\_\_\_\_

Credit/Debit Card (VISA, MASTERCARD, DISCOVER or AMEX) Amount to be Charged: \$ \_\_\_\_\_

Make checks payable to Warren Willis Camp Card # \_\_\_\_\_ Name on Card: \_\_\_\_\_

Expiration: \_\_\_\_\_ 3 Digit Card ID (back) or 4 for AMEX (front) \_\_\_\_\_

Card Holder's Name and Signature: \_\_\_\_\_  
(Sign Name) (Print Name)

## Part 6: Authorization (Signature of Parent/Guardian Required)

Your signature confirms that you have read and agree to the policies and consents of the Warren Willis UM Camp Program, which can be found at [www.warrenwilliscamp.org](http://www.warrenwilliscamp.org).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_