IGRC United Methodist Camps
Registration Form Family Camp

Family Last Name:

Camp #:

Family Last Name:_____ Home Phone:(____)_____

Work Phone:(_____)_____ Cell Phone:(_____)_____

Email Address:_____ ***Required release forms will be received via e-mail***

Mailing Address:_____
Street Address City State Zip

Emergency Contact:_____ Relationship:_____
Last Name First Name

Home Phone:(_____)_____ Work/Cell Phone(_____)_____

Full Church Name:_____ City:_____ Denomination:_____
(in which church is located)

Pastor or Local Camping Coordinator Signature:_____

First and Last Name of Family Members Attending Camp	Birth date Mo/Day/Yr	Gender M F	Grade 2012-2013	Age at time of camp
1.	/ /			
2.	/ /			
3.	/ /			
4.	/ /			

Camper Name	Has camper previously attended an IGRC camp? Yes or No	T-shirt size: list one CHILD: SM, M, L ADULT: SM, M, L, XL, XXL

I heard about camp through (choose one): ☐Church ☐Friend ☐Brochure ☐Web ☐Other_____

PROGRAM CHOICES:

Please refer to Registration Instructions for details.

Camp Selection	Camp Number	Dates of Camp	Camp Title	Fee
First Choice				
Second Choice				

# of camp cost total	# of camp cost total	# of camp cost total	Total Family Cost
____Adults x $_____=$_____	____Youth x $_____=$_____	____Children x $_____=$_____	$_____

LG640 Family Camp $85.00 per person camp fee + Indicate lodging preference below.

_____ $8.00 Tent/per night/per unit _____ $20.00 RV Hookup/per night/per unit
_____$22.00 Masada Lodge/per adult ages 16 and up/per night _____ $10.00 Masada Lodge/per child under age 16/per night

Payment Information:

1. Make checks payable to the IGRC.
2. Send full payment or a $50 deposit per camp.
3. Full payment must be received **3 weeks** prior to the camp's start date.
4. If your registration is faxed, payment is required using a credit card. There is an additional 3% transaction fee.
5. Mail registration, health form, and payment to IGRC Camp, PO Box 19207, Springfield, IL 62794-9207.

Credit Card ☐Master Card ☐Visa
Charges will show as United Methodist Church

Cardholder Name_____

Card Number_____

Expiration Date _____/_____/_____

Date _____/_____/_____

Deduct $25.00 from registration fee if FULL payment is received by April 13, 2012 (If applicable - SEE INSTRUCTIONS)

Parent Responsible for Full Cost Check #_____ $_____

Parent Responsible for Partial Cost Check #_____ $_____

Church Responsible for Full Cost Check #_____ $_____

Church Responsible for Partial Cost Check #_____ $_____

Total Amount Enclosed $_____

Balance Due $_____