

IGRC United Methodist Camps Registration Form

Individual Camp

FAMILY INFO:

Name of Camper: _____
Last Name First Name Middle Initial

Father/Guardian Name: _____
 Home Phone: (____) _____
 Work Phone: (____) _____
 Cell Phone: (____) _____
 Email Address: _____

Mother/Guardian Name: _____
 Home Phone: (____) _____
 Work Phone: (____) _____
 Cell Phone: (____) _____
 Email Address: _____

Please provide a valid, legible e-mail address - required release forms will be received via e-mail

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Please check here if you **do not** have an e-mail address:

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Camper resides with: Father Mother Both Other _____
Name/Relationship

Camper Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

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

Pastor or Local Camping Coordinator Signature: _____

CAMPER INFO:

Date of Birth: ____/____/____ Male Female Grade in 2012-2013 School Year: _____

Age at time of Camp: _____ Camper Email Address: _____

T-shirt size (circle one): CHILD: SM MED LG ADULT: SM MED LG XL XXL I am a first time camper This is my ____ year at an IGRC camp

I heard about camp through (choose one): Church Friend Brochure Web Other: _____

Cabin Mate Request: 1: _____ 2: _____

PROGRAM CHOICES:

Please refer to Registration Instructions for details.

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

I am registering for: One camp Both camps listed above

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 ____/____/____

Signature _____

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 # _____	\$ _____
3% Transaction Fee <i>if using credit card</i>		\$ _____
Total Amount Enclosed		\$ _____
Balance Due		\$ _____

Parent/Guardian Permission:

I hereby give my permission for the camper named above to attend the camp session(s) for which he/she is registering: for the camper's name/address/email address to be shared with his/her program group and UM agencies; and for still/video pictures of the camper to be used for promotional purposes. In the event of an accident/illness, the camp administration has my permission to secure emergency medical care as needed until I can be reached. I understand that a properly completed health form is required for attendance. I understand summer camp programs may include off site travel and/or off site activities.

Signature of Parent/Guardian: _____ Date: _____