

# Summer Camp 2009 Registration Form

Pocono Plateau • RR 2, Box 2747 (Pocono Plateau Road), Cresco, PA 18326  
 Phone: 570-676-3665 Fax: 570-676-9388 Toll-free: 877-UMC CAMP (option 6)

Register Online at  
[www.poconoplateau.org](http://www.poconoplateau.org)

**CAMPER INFORMATION:** Please PRINT and use a SEPARATE registration form for each camper and event.

Please mail or fax registration form to **POCONO PLATEAU CAMP** OR Register online at [www.poconoplateau.org](http://www.poconoplateau.org)

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  Male  Female  
 Street Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Church Name and Town \_\_\_\_\_ Grade Completed by June 2009 \_\_\_\_\_  
 Email \_\_\_\_\_ Bunk Mate Preference \_\_\_\_\_  
 (One Only - Campers Choose One Another)  
 Name of Father/Guardian (circle) \_\_\_\_\_ Home Tel. ( ) \_\_\_\_\_ Work Tel. ( ) \_\_\_\_\_ ext. \_\_\_\_\_  
 Name of Mother/Guardian (circle) \_\_\_\_\_ Home Tel. ( ) \_\_\_\_\_ Work Tel. ( ) \_\_\_\_\_ ext. \_\_\_\_\_  
 List major health concerns \_\_\_\_\_

	EVENT NO.	EVENT TITLE	DATES	FEE
1st Choice				
2nd Choice*				

\* Will be automatically assigned if available

I am a first time camper at Pocono Plateau. I was referred by \_\_\_\_\_ (list name of returning camper who referred you).

**PAYMENT INFORMATION:** (Please make checks payable to POCONO PLATEAU)

Please pay full amount or \$100 minimum deposit for full week events and \$50 minimum deposit for half-weeks or day camp. **All deposits** are non-refundable. All other fees paid prior to check-in, less a \$50 processing fee, may be refunded if the camper must withdraw from a scheduled event due to illness or family emergency. Notification of withdrawal and request for refund must be made in writing and approved by the Camp Director.

PARENT PAYMENT	
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
<input type="checkbox"/> Other _____	
AMOUNT \$ _____	
_____ (SIGNATURE)	

CHURCH PAYMENT	
<input type="checkbox"/> Check enclosed	<input type="checkbox"/> Camp Cash enclosed
<input type="checkbox"/> Check expected	<input type="checkbox"/> Camp Cash expected
AMOUNT \$ _____	
_____ (SIGNATURE/CHURCH REPRESENTATIVE)	

CREDIT CARD PAYMENT	
<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard <input type="checkbox"/> VISA
AMOUNT \$ _____ Exp. date _____	
Card # _____	
_____ (SIGNATURE)	

I give my permission for \_\_\_\_\_ to attend the above listed 2009 summer camp event with the Eastern PA Conference-UMC. I acknowledge my responsibility for payment of all fees in full to Pocono Plateau, ONE FULL MONTH PRIOR TO THE START OF THE EVENT.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
 (Grandparents or other relatives may not sign unless they are the legal guardian of the camper)

**How did you find out about Pocono Plateau?** (church, friend, brochure, web page, other): \_\_\_\_\_

**SCHOLARSHIP REQUEST** There are a variety of need-based scholarships available. If you are requesting a scholarship, please indicate below and the site staff will determine your eligibility and the best source of support.

I request a Scholarship for Summer Camp 2009 for \_\_\_\_\_ (name of camper) for the event indicated above for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
 (SIGNATURE OF PASTOR, PARENT, GUARDIAN OR SPONSORING AGENCY REPRESENTATIVE)