

Summer Camp Registration Form

Pocono Plateau • 304 Pocono Plateau Road , Cresco, PA 18326
 Phone: 570-676-3665 Fax: 570-676-9388

Register Online at
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

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 _____

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 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 for _____ (name of camper) for the event indicated above for the following reasons: _____

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