

Summer Camp 2010 Registration Form

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

CAMPER INFORMATION: Please PRINT and use a SEPARATE form for each camper. This form may be copied as needed.

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 2010 _____
 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 _____

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

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

* Will be automatically assigned if available

I give my permission for _____ to attend the above listed 2010 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).

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 contact you regarding the best source of support. I request a Scholarship for the event indicated above for the following reasons: _____

(Signed by Pastor, Parent, Guardian or Sponsoring Agency Representative)

Payment Info.

Please pay full amount or \$100 minimum deposit for full week events and \$50 minimum deposit for half-week camps. 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.

PAYMENT

Camper Fees/Deposit \$ _____
 My tax deductible donation to support the ministry of Pocono Plateau \$ _____
 Total Payment \$ _____

PAYMENT METHOD

Check Money Order
 Other _____
 Discover Mastercard VISA
 Card # _____
 Exp. date _____

 (SIGNATURE)

CHURCH PAYMENT

Check enclosed Camp Cash enclosed
 Check expected Camp Cash expected
 AMOUNT \$ _____

 (SIGNATURE/CHURCH REPRESENTATIVE)