

# Summer Camp 2022 Registration Form

Pocono Plateau • 304 Pocono Plateau Road, Cresco, PA 18326  
tel: 570-676-3665 • fax: 570-676-9388

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

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  Male  Female

Camper Lives at address below with: Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Guardian \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Church Name and Town \_\_\_\_\_ Grade Completed by June 2022 \_\_\_\_\_

Email \_\_\_\_\_ Bunk Mate Preference \_\_\_\_\_  
(one only - campers choose one another)

Name of Father/Guardian (circle) \_\_\_\_\_ Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_

Name of Mother/Guardian (circle) \_\_\_\_\_ Home Tel. \_\_\_\_\_ Cell \_\_\_\_\_

List major health concerns \_\_\_\_\_

List food allergies/special dietary needs \_\_\_\_\_

Yes, 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	ELECTIVE CHOICE (for #610)	DATES	TIER (circle one)	FEE
<b>1st Choice</b>					Tier 1 Tier 2 Tier 3	
<b>2nd Choice*</b>					Tier 1 Tier 2 Tier 3	

\* You will be contacted before 2nd choice is assigned

I give my permission for the above named camper 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).

**SCHOLARSHIP REQUEST (now available with online registration)** 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)

# Camper Payment Information

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

**Installment payments accepted.**

**Online registration is preferred method.**

All deposits are non-refundable. All other fees paid prior to check-in 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 METHOD

Total Payment \$ \_\_\_\_\_

Check  Money Order  
 Discover  Mastercard  VISA

Card # \_\_\_\_\_

Exp. date \_\_\_\_\_ 3 Digit CVC number \_\_\_\_\_

(SIGNATURE)

## CHURCH PAYMENT

Check enclosed  
 Check expected

AMOUNT \$ \_\_\_\_\_

(SIGNATURE/CHURCH REPRESENTATIVE)