



## 2019 Summer Camp Registration Form

Parents- please fill out COMPLETELY, PRINT legibly, and use a blue or black pen.  
 Mail to: Park Springs Christian Camp & Retreat Center 600 Park Springs Lake Rd Providence NC, 27315

### CAMP SESSIONS & FEES (PLEASE CIRCLE SESSION CHOICE)

Camp Session	Grade Completed	Date	Cost Before April 30	Cost After April 30	
Middle School	6-8	June 23-28	\$250	\$300	
High School	9-12	June 30 - July 5	\$250	\$300	
Junior	4-6	July 7-12	\$250	\$300	
Short Timers	2-3	July 14-16	\$125	\$150	
Buddy Camp	K-1	July 19-20	\$100	\$125	

#### T-SHIRT SIZE

Please circle T-Shirt size.  
Shirts are \$12 AFTER April 30th.

Youth: Sm    Med    Lg

Adult: Sm    Med    Lg    XL    XXL

#### CHURCH SCHOLARSHIP

Only actively supporting member churches are eligible to be billed for scholarships. All other churches must submit scholarship payments with the camper's registration.

This section **MUST BE COMPLETED** with an authorized signature. Otherwise the camper's parents **WILL BE BILLED** for the FULL balance.

Amount of Scholarship: \$ \_\_\_\_\_

Church: \_\_\_\_\_

City: \_\_\_\_\_

\* the city of the church is important especially if a 1st Christian Church.

Printed name of authorized church representative: \_\_\_\_\_

My signature below indicates that I am authorized by the church above to guarantee payment of this scholarship, and authorizes Park Springs to credit the camper for the scholarship amount listed above and bill that amount to the church.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### CAMP FEES DUE

CAMP SESSION FEE:            \$ \_\_\_\_\_

EXTRA ITEMS

Canteen Card (\$10 per card)            \_\_\_\_\_

Mission Card (Any amount)            \_\_\_\_\_

T-Shirt (\$12 AFTER April 30)            \_\_\_\_\_

Total Extra Items                            + \_\_\_\_\_

Church Scholarship                         - \_\_\_\_\_

**TOTAL AMOUNT DUE**                     \$ \_\_\_\_\_

\_\_\_\_\_

Amount paid NOW (Minimum of \$30)           

#### PAYMENT INFORMATION

Please make checks payable to:  
Park Springs Christian Camp

For MC/VISA credit cards, please complete:

Amount to be charged: \$ \_\_\_\_\_

CC #: \_\_\_\_\_

Exp Date: \_\_\_\_/\_\_\_\_ SEC CODE \_\_\_\_\_

Signature: \_\_\_\_\_

#### Camper Information:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Boy/Girl

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home

Phone: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Has the camper been baptized by immersion?    \_\_\_ Yes    \_\_\_ No

Member/Attends what church? \_\_\_\_\_

#### Information on who the camper RESIDES with:

Mother's/Female's First & Last Name: \_\_\_\_\_

Relationship to camper: \_\_\_ Mother \_\_\_ Grandmother \_\_\_ Stepmother \_\_\_ Legal Guardian

Emergency Phone Number(s) \_\_\_\_\_

Father's/Male's First & Last Name: \_\_\_\_\_

Relationship to Camper: \_\_\_ Father \_\_\_ Grandfather \_\_\_ Stepfather \_\_\_ Legal Guardian

Emergency Phone Number(s): \_\_\_\_\_

Parents are: \_\_\_ Married \_\_\_ Divorce \_\_\_ Separated \_\_\_ Single \_\_\_ Widowed

Additional alternate emergency phone number: \_\_\_\_\_

For whom?: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Adult Buddy Camp Attendee: \_\_\_\_\_

Email address for a parent/guardian only please: \_\_\_\_\_

If an email address is provided, your confirmation will be emailed. IF you wish to have your confirmation sent by postal mail, PLEASE CHECK HERE \_\_\_\_\_