

SIMPSON PARK CAMP SUMMER GAMES REGISTRATION

Entering Grades 4th - 10th

July 10 - 16, 2011

Cost: \$220 if registration is received by May 1, 2011;
\$90 payable with registration form, \$130 payable at check-in.

\$270 if registration is received after May 1, 2011;
\$140 payable with registration form, \$130 payable at check-in.

Mail to: Simpson Park Camp
Attn: Summer Games
70199 Campground Road
Romeo, MI 48065
Phone: (586) 752-3202
Fax: (586) 752-3920

| For Office Use only: | |
|---|--|
| Date Registration Received: | |
| <input type="checkbox"/> Entered Data base | |
| <input type="checkbox"/> Confirmation mailed | |
| <input type="checkbox"/> E-mail confirmation sent | |
| Total fee | |
| Deposit paid | |
| Credit | |
| Balance due | |
| Balance paid | |

PLEASE PRINT!

Camper Name: _____

Phone #: _____ E-mail Address: _____

Address: _____
Street City State Zip

Home Church: _____ Pastor: _____

Birthdate: _____ Bunk Buddy request: _____

Age: _____ Grade in Fall: _____ Male Female Shirt Size: S M L XL XXL
(Adult Sizes - Circle One)

Custodial Parent(s)/Guardian:

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

My child is in the custodial care of (check one): both parents, mother only, father only, other

Method of payment:

Check # _____ enclosed payable to: **Simpson Park Camp** Check Amt. \$ _____

Charge Visa, MC, Discover Charge Amt. \$ _____

Account number _____ exp. date _____

Security Code: (3 digit # on back of card) _____

Signature on card _____

Other information:

Camper has been to camp before: yes, no

We learned about Simpson Park Camp from: _____

By signing below, I am stating that I have read the camp information and understand the nature of the activities and the health and safety policies. I understand and agree to cooperate with all regulations and procedures of Simpson Park Camp.

Custodial Parent(s)/Guardian's Signature: _____ **Date** _____