

SIMPSON PARK CAMP YOUTH CAMP REGISTRATION

**Entering Grades 7 - 12
July 27 - August 3, 2008
Cost: \$200 per Camper**

\$85 deposit needed with Registration/balance due upon arrival at Camp

Mail to: Simpson Park Camp
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: \$85 non-refundable deposit must accompany this form. The balance is due upon arrival at camp.

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: _____

I have read the camp information and understand the nature of the activities and the health and safety measures. I give my permission for my child to attend and participate in activities on camp property. I give my permission for my child to be photographed/videotaped and for the camp to use the pictures for publicity purposes. I understand and agree to cooperate with all Camp regulations and procedures.

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