



2010 Summer Camps Registration Form

OFFICE USE ONLY

Date Received

Date Logged

ID Number

Step 1: Personal information. Complete all areas. Incomplete forms will be returned. Print legibly.

Camper Name: _____
Last First M.I. Nickname

Address: _____
Street & Number City State Zip Code

Camper Home Phone: (____) _____ Gender: Male Female Birthdate: ____/____/____

Grade in Fall 2010 _____ T-shirt Size: Y-S (6-8) Y-M (10-12) Y-L (14-16) ● A-S (34-36) A-M (38-40) A-L (42-44)
A-XL (46-48) A-XXL (50-52) Unknown

Parent/Guardian Name(s): 1. _____ Father Mother Guardian
2. _____ Father Mother Guardian

Daytime/Work Phone: 1) (____) _____ 2) (____) _____

Cell Phone : (____) _____ Email: _____

Registered through: _____ or District Registrar at Trinity Pines
Local Nazarene Church (be specific)

Home Church Attended: _____

Roommate Request (two only):

1) _____ 2) _____

Step 2: Check the camp attending. Camp is determined by the grade the camper will enter in Fall 2010. Registrations must be postmarked on or before deadlines listed.

4th—6th Grade Girls (July 5—9, 2010)

Early Bird (\$140): **Postmark Deadline 4/19**
Regular Fee (\$165): **Postmark Deadline 6/24**

4th—6th Grade Kids (July 12—16, 2010)

Early Bird (\$140): **Postmark Deadline 4/19**
Regular Fee (\$165): **Postmark Deadline 7/1**

4th—6th Grade Boys (July 19—23, 2010)

Early Bird (\$140): **Postmark Deadline 4/19**
Regular Fee (\$165): **Postmark Deadline 7/8**

7th—8th Teen Camp (July 26—30, 2010)

Early Bird (\$165): **Postmark Deadline 4/19**
Regular Fee (\$190): **Postmark Deadline 7/15**

9th—12th Teen Camp (June 14—18, 2010)

Early Bird (\$165): **Postmark Deadline 4/19**
Regular Fee (\$190): **Postmark Deadline 6/3**

Early Bird Registration Deadline:
Postmarked on or before 4/19/10

Registration for each camp closes on the postmark deadline date 11 days prior to the first day of camp, as listed above.

Walk-On (\$50): Additional Late Fee

Step 3: Financial Information

1. Camper Fee (from list at left): \$ _____

2. Amount Enclosed: \$ _____
(\$50 deposit or total fee)

3. Paid By: Cash Check Money Order

4. Paid By: Credit/Debit Card: Visa MasterCard

Credit Card No: _____

Exp. Date: _____ Amt Authorized \$ _____

Name on Card _____
Please print

Billing Address _____ / _____
Street Address Zip Code

Telephone (____) _____

If you have paid by credit card and wish to have the remaining balance of your registration fee automatically processed at a later date, please initial here _____.

Date for final payment processing _____

Mail forms and fees to: Trinity Pines, P.O. Box 1269, Cascade, ID 83611 or mail to your local Nazarene Church office, if registering through them.

