



2010 Summer Camps Genesis Adult Registration

OFFICE USE ONLY		
_____	_____	_____
Date Received	Date Logged	ID Number

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

■ Genesis Camper Adults must fill out a separate registration form, and a Background Check. Staple completed Adult Registration & Background Check to the Genesis Camper Registration and include required payment.

Genesis Adult Name: _____, _____, _____, _____
Last First M.I. Nickname

Address: _____, _____, _____, _____
Street & Number City State Zip Code

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

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) _____

Genesis Camper(s) under my care: 1) _____ 2) _____
 3) _____

Step 2: Check the camp attending. Registrations must be postmarked on or before deadlines listed.

**Genesis Adult for Genesis Girls Camp
(June 21—23, 2010)**

Early Bird (\$50): **Postmark Deadline 4/19**
Regular Fee (\$65): **Postmark Deadline 6/10**
Walk-On (\$50): **Additional Late Fee**

**Genesis Adult for Genesis Boys Camp
(June 23—25, 2010)**

Early Bird (\$50): **Postmark Deadline 4/19**
Regular Fee (\$65): **Postmark Deadline 6/12**
Walk-On (\$50): **Additional Late Fee**

**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.**

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.

Step 3: Financial Information

1. Genesis Adult 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 _____

