



2010 Summer Camps Genesis Camper Registration

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) _____

Genesis Adult (if required): Last Name _____ First Name _____ M.I. _____
 (Required for 1st and 2nd grade campers)

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.

Genesis Girls (June 21—23, 2010)

Early Bird (\$70): **Postmark Deadline 4/19**
 Regular Fee (\$95): **Postmark Deadline 6/10**
 Walk-On (\$50): **Additional Late Fee**

Genesis Boys (June 23—25, 2010)

Early Bird (\$70): **Postmark Deadline 4/19**
 Regular Fee (\$95): **Postmark Deadline 6/12**
 Walk-On (\$50): **Additional Late Fee**

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

Registration closes on the **postmark deadline date**
 11 days prior to each 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 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 _____

