

Camper 's Name _____ Entering Grade _____

CAMP ASHMERE SUMMER REGISTRATION FORM 2010

Please mail this completed form with your deposit to:
Camp Ashmere, 131 Main Street, North Adams, MA 01247

Camp Session	Grade Level	Dates	Total Cost
DAY CAMPS			
<input type="checkbox"/> Day Camp—Session I	1-4	July 12-16	\$150
<input type="checkbox"/> Day Camp—Session II	1-4	August 16-20	\$150
OVERNIGHT CAMPS			
<input type="checkbox"/> Explorations I	4-6	August 1-7	\$325
<input type="checkbox"/> Explorations II	4-6	August 8-14	\$325
<input type="checkbox"/> Splash Camp	5-8	July 11-17	\$395
<input type="checkbox"/> Senior Traditions	7-10	July 18-24	\$385
<input type="checkbox"/> Senior Adventure I	7-12	July 25-31	\$395
<input type="checkbox"/> Senior Adventure II	7-12	August 1-7	\$395
<input type="checkbox"/> Leadership Training Camp I	9-11	July 11-17	\$100
<input type="checkbox"/> Leadership Training Camp II	9-11	August 15-21	\$100

If registering for two consecutive overnight camps, will camper be staying at camp between sessions? Yes (add \$40 stayover fee) No

Sum of Total Costs for all camps selected and stayover fee (if applicable): _____

Non-refundable* registration deposit due with this form:

Day Camps: Number of Weeks _____ x \$150 = \$ _____

Overnight Camps: Number of Weeks _____ x \$50 = \$ _____

Total Deposit Due: _____

Method of Payment:

- Check (Payable to CAMP ASHMERE)
- Credit Card (check one) Name on Card: _____
- Visa Billing Address: _____
- Mastercard _____
- American Express _____

Card # _____ Exp. Date ___/___/___

Signature _____

Balance Remaining (Total Costs minus Deposit) Due At Check-In: _____

*Exception: Deposits for LTC applicants who are not accepted will be refunded.

CAMPER INFORMATION

Camper's Name _____ Male Female

Address _____

Birthdate _____ Age _____ Entering Grade _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian #1 _____ Phone _____

Place of Employment _____ Phone _____

Parent/Guardian #2 _____ Phone _____

Place of Employment _____ Phone _____

Who should we contact in an emergency if we cannot reach those above?

Name _____ Phone _____

Relationship to Camper _____

ADDITIONAL CONTACT INFORMATION

Who is registering this camper for camp?

Name: _____ Relationship to Camper _____

Address: _____

Phone _____ E-mail _____

Camper's Home Church _____ Phone _____

Pastor's Name _____

We often use pictures and video of camp activities to promote Camp Ashmere. If you do not want your child to appear in our promotional materials, check below:

Photographs, video, and/or other images of my child MAY NOT be used for the promotion of Camp Ashmere.

Parent/Guardian Signature _____ Date ___/___/___

All registration forms must be accompanied by the appropriate deposit. Forms not including the appropriate deposit or fee WILL NOT BE processed. DAY CAMP REGISTRATIONS MUST INCLUDE PAYMENT IN FULL. Deposits and Day Camp payments are non-refundable.

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM.