

Weekend Retreat Registration Form 2010

Camper Information:

Name: _____
 Address: _____
 City/State/Zip: _____
 Home Phone: _____
 Home Church (If Any): _____
 E-Mail: _____
 Age: _____ Gender: _____ Grade: _____ Date of Birth: _____
 List One Camper You'd Like To Room With: _____
 Parent or Guardian's Name(s): _____
 Parent's Address (If Different): _____
 Cell Phone: _____ Work Phone: _____
 Emergency Contact (Other Than Parent) Name: _____
 Address: _____
 Phone: (Work) _____ (Home) _____

Weekend Retreat Discounts

In addition to a \$5 Bring-A-Friend Discount for weekend retreats, we also offer a group discount called Five-For-Five. Five individuals or more may qualify for a \$5 discount each when they send in their registrations in the same envelope. Individuals may attend separate weekend retreats. This discount applies only to overnight stays and is not available for Labor Day Family Camp. Sunday School Groups and Youth Groups are ideal for this discount.

PLEASE INDICATE THE CAMP(S) YOU WISH TO ATTEND:

Each retreat requires a \$50 deposit. A total of \$25 will be returned if the registration is cancelled at least one week before the retreat begins.

- Feb 5-7 Grade School Winter Wonderland \$95 (Grades 3-6)
- Feb 19-21 Middle School Snowball Camp \$95 (Grades 6-8)
- Mar 5-7 High School Winter Camp \$95 (Grades 9-12)
- Feb 26-28 Scrapbook Retreat
 - Full Retreat \$125 *Friday Only \$15 *Saturday Only \$60 *Sunday Only \$25
- April 16-18 Women's Retreat
 - Full Retreat \$95 *Friday Only \$10 *Saturday Only \$45 *Sunday Only \$25
- May 28-30 Work Fellowship Weekend \$FREE (Please fill out family information on pg 2)
 - * Day Rates do not include lodging

* Note: Camper registrations are transferable between immediate family members only.

For Office Use Only: Y _____ ERD _____ BFD _____ FFD _____ C _____
 Date Rec. _____ Receipt # _____ Fee Paid _____ Balance _____
 Date Rec. _____ Receipt # _____ Fee Paid _____ Balance _____

Payment Information:

Check or Money Order Enclosed. Please make sure all checks are payable to Camp Elim.
 Please Bill My: Visa MasterCard Discover
 Total: \$ _____ Acct #: _____
 Expiration Date: _____ / _____ CID Number: _____
 Name (As It Appears On Card): _____

Signature _____

Please Check All Discounts That Apply:

- Early Registration Discount (Register & Pay in full by January 1, 2010 and save \$5)
- Five-For-Five (Five Registrations Mailed Together)
- Bring-A-Friend (First-Time Campers Only, You & Your Friend Each Save \$5)
 Name Of Friend(s): _____

For Work Fellowship Weekend, please indicate name and ages of family members who are attending:

Name: _____ Age: _____ Name: _____ Age: _____
 Name: _____ Age: _____ Name: _____ Age: _____

We will bring our: Trailer Tent RV We will need: Water Electricity Sewer Hookups

Consent & Release Statements:

Please Read & Indicate Agreement To Each Item Below By Initialing In The Provided Space:

_____ I hereby give permission for my child to attend Camp Elim and to participate in all activities. I will not hold Camp Elim or its agents liable for injury caused by common accident, illness or the rendering of emergency care. I give permission for this child to participate in any off-site activities during camp and to be transported to and from these activities, including emergency situations (if any) by authorized vehicles.

_____ I understand that in the event of an emergency, every effort will be made to contact a responsible parent or guardian of the camper. In the event that contact cannot be made, I hereby give permission to the camp administration and the physician they may select to secure proper treatment for, to hospitalize, and to order such injections, anesthesia or operations as may be urgently necessary for this child. In the event of a claim, family insurance (if any) will be billed. Camp Elim's insurance provides secondary coverage for injuries sustained at Camp.

_____ I give permission to Camp Elim to use video or photography of me or my family members for promotional purposes.

Please note any exceptions to the above: _____

Parent or Guardian Signature: _____