



UNY CAMP & RETREAT MINISTRIES

SUMMER CAMP REGISTRATION FORM

Aldersgate Camp & Retreat Center

Reminder!

IT'S EASY TO REGISTER ONLINE AT
ALDRSGATENY.ORG

FAMILY INFO

CAMPER'S NAME _____

CAMPER ADDRESS (Street, City, State, Zip) _____

Parent 1/Guardian Name _____ Parent 2/Guardian Name _____

Occupation _____ Occupation _____

Cell Phone _____ Cell Phone _____

Work Phone _____ Work Phone _____

Home Phone _____ Home Phone _____

Email _____ Email _____

Address _____ Address _____
(If different than camper) *(If different than camper)*

Name of Church _____ City _____ Denomination _____

Sponsoring church/agency responsible for payment _____ Amount (if known) \$ _____

Camper's Name _____

CAMPER INFO

Date of Birth _____ Age at Camp _____

Grade Entering _____

Camper Email _____

Camper T-shirt Size _____

Housing Preference: Male Female

Cabinmate Request _____
(If possible, we will honor your request for one cabinmate, if campers are the same age group/program and each lists the other on their registration form.)

Camper resides with: Mother Father Both Other _____

Notes for leaders to help my child have a super week.
Please note a recent family loss/change, custody information, medical needs, dietary requirements/allergies, life-threatening allergies, behavioral notes. These notes are used to help prepare for camp. They are not used to establish eligibility. Please attach extra pages as needed.

I first heard about camp through: Church Agency Brochure
 Website Family Friend Newspaper Social Media
 Other _____

CHOICES

please list your top

3

Dates: (ex. 7/5-7-10) _____

Program Name: (ex. Hang Out Trek) _____

Fee: \$540

1. _____

2. _____

3. _____

Total Program Fee(s): \$ _____

Postmark date _____

DISCOUNTS & PAYMENTS

Sibling Discount (-\$20.00 per camper)

My sibling (name) _____ is attending (program) _____
_____ at (site) _____

\$75*
deposit per session must accompany registration

Method of Payment: Check # _____ (Made payable to "UNYAC") Visa Mastercard (Charge will show as "Upper New York Annual Conference")

Card Number _____ Expiration Date (XX/YY) ____/____ 3 Digit Security Code _____

Cardholder's Name (please print) _____

Cardholder's Address (Street, City, State, Zip) _____

Cardholder's Signature _____

Total Discounts -\$ _____

TOTAL \$ _____

Amount Enclosed* \$ _____

Balance Due \$ _____

Received _____

SIGN

PARENTAL/GUARDIAN PERMISSION:

I hereby give my permission for my child (named above) to attend the camp session for which he/she is registering. I understand that my child's name/address/e-mail address may be shared with his/her program group and UM agencies, and still/video pictures of my child may be used for promotional purposes unless I notify the camp administration in writing to the contrary. The camp administration has my permission to secure emergency medical care as needed until I can be reached. I understand that properly completed medical information is required for attendance. I understand that summer camp programs may include off site travel and/or off site swimming.

Signature of Custodial Parent/Guardian _____ Date _____

**Remember to send registration & payment to: Aldersgate Camp & Retreat Center, 7955 Brantingham Rd, Grieg NY 13345