

REGISTRATION FORM FOR SUMMER 2010

PLEASE NOTE: INFORMATION IN BOLD PRINT IS REQUIRED BY THE STATE OF COLORADO. INFORMATION NOT FILLED OUT CORRECTLY WILL RESULT IN THE RETURN OF THIS APPLICATION TO BE FILLED OUT CORRECTLY. THE CAMPER WILL NOT BE ASSURED A SPACE AT CAMP UNTIL IT IS RESUBMITTED CORRECTLY.

Camper Name: _____ **Sex:** M ___ F ___

Birth date (mm-dd-yy) _____ **Grade in fall '09** _____

Address: _____

City: _____ **St.** _____ **Zip** _____ **Phone** _____

Mailing address (If different from above) _____

City: _____ **St.** _____ **Zip** _____

Parents' Names: _____

Father's address (If different from above) _____

City _____ **St.** _____ **Zip** _____ **phone #'s: Home:** _____ **Cell:** _____

Mother's address (If different from above) _____

City _____ **St.** _____ **Zip** _____ **phone #'s: Home:** _____ **Cell:** _____

Father's Employer: _____ **phone:** _____

Address: _____ **City:** _____ **St:** _____

Mother's Employer: _____ **phone:** _____

Address: _____ **City:** _____ **St.** _____

Emergency Contact (Not Parent)

Name: _____

Address: _____ **City:** _____ **phone** _____

Name, address, and phone # of individuals authorized to take child from camp if different from parent or guardian:

Names of individuals not authorized to take child from camp:

CAMP FEE FOR EACH ADDITIONAL CHILD FROM THE SAME FAMILY ATTENDING CAMP #3 IS \$45.

CAMP FEE FOR EACH ADDITIONAL CHILD FROM THE SAME FAMILY ATTENDING CAMPS #1 & #2 IS \$85.

**Check the camp you will be attending below:
Pre-registration deadline for all camps is June 1st**

___ **Staff Training: Ages 14-17: June 16-19 - 10 a.m. Wednesday to 6 pm. Saturday ~ no fee**

___ **Staff Training: Adults 18 and up: June 18-19 – 6 p.m. Friday to 6 p.m. Saturday ~ no fee**

___ **Camp #1: For campers entering grades 5-7 in the fall: June 20-25 Fee: \$90
3 p.m. Sunday – 8 p.m. Friday ~ non-refundable portion: \$45 After deadline total fee: \$100**

___ **Camp #2: For campers entering grades 8-10 in the fall: June 27-July 2 Fee: \$90
3 pm. Sunday- 8 p.m. Friday ~non-refundable portion: \$45 After deadline total fee: \$100**

___ **Camp #3: For campers entering grades 2-4 in the fall) July 6-9 Fee: \$50
5 pm. Tuesday-8 p.m. Friday ~ non-refundable portion: \$25 After Deadline total fee: \$60**

DO NOT SEND CASH

My child's T-shirt size is closest to: Child Sm. _____ Med. _____ Lg. _____ Adult Sm. _____ Med. _____
Lg. _____ X Lg. _____

I would like to room with:

(Name of one (1) friend only)

For the Camper: I will abide by and obey the rules given by the camp.

Date: _____

(Camper's Signature Required)

Parent or Guardian: I give the above named child permission to attend the camp selected above. I, the undersigned, in consideration for the participation of my child in this camp, do hereby waive, release and forever discharge Tepee Bible Camp & anyone else connected with the activities at the camp from any & all harm resulting from injuries sustained as a result of my child's participation in this camp.

(Signature of Parent or Legal Guardian is Required)

Date

Notes to the camp, if any:

Fill out this form and the Health Record Form, enclose the pre-registration fee & a copy of your child's immunization card. Mail everything to;

Tepee Bible Camp
Summer Camp Registration
7802 County Rd. 319
Rifle, CO 81650