

Camp Agapé Registration Form

(Fill out for each camper)

Camper's Full Name _____ M F

Address _____ City _____ State _____ Zip _____

Birthdate ___/___/___ Grade Next Fall _____ Home Ph. _____ Dad-Work Ph. _____

Parents' Names _____ Mom-Work Ph. _____

Parent's email address _____ Check to bill by e-mail

Family Church Affiliation _____

How did you hear about our camp? _____

T-Shirt (camp supplies 2 shirts per camper)

Circle One Size

CHILD: Sm 6/8 Med 10/12 Lg 14/16 ADULT: Small Med Large X-Large

I would like ___ extra t-shirts (\$7 each to be paid with registration)

Please mark which days your child will be attending camp. If your plans change after registration, **two weeks written notice** must be given or you will be charged for those dates.

| Week # | M | T | W | Th | F | EXTRA EARLY 6:00 to 9:00 am | EARLY 7:00 to 9:00am | LATE 3:45 to 5:00 pm | EXTRA LATE 3:45 to 6:00 pm |
|-------------------|---|---|---|----|---|--------------------------------|-------------------------|-------------------------|-------------------------------|
| 1 6/6-10 | | | | | | | | | |
| 2 6/13-17 | | | | | | | | | |
| 3 6/20-24 | | | | | | | | | |
| 4 6/27-7/1 | | | | | | | | | |
| 5 7/5-8 | | | | | | | | | |
| 6 7/11-15 | | | | | | | | | |
| 7 7/18-22 | | | | | | | | | |
| 8 7/25-29 | | | | | | | | | |
| 9 8/1-5 | | | | | | | | | |
| 10 8/8-12 | | | | | | | | | |

Registration Fee, First and Last Week of Camp Fees Due at Time of Registration

| FOR OFFICE USE ONLY | |
|----------------------------|---|
| \$ _____ | Initial Registration Fee (\$40 first child, \$35 additional-non-refundable) |
| \$ _____ | Last Week of Camp |
| \$ _____ | Last Week Field Trips |
| \$ _____ | Last Week Early/Late Fees (XE \$35/E \$20/Late \$20/XL \$35) |
| \$ _____ | Extra T-Shirts (\$7 each) |
| \$ _____ | Challenge Camping Trip/Kalahari (Week #4) \$75 Extra |
| \$ _____ | Challenge Camping Trip/Rafting (Week #8) \$85 Extra |
| \$ _____ | Sub Total |
| \$ - _____ | EFCW Church Discount (\$2 per day pro-rated) |
| \$ - _____ | Multi-Child Discount (\$1 per day pro-rated) |
| \$ - _____ | Upfront Payment Discount (\$1 per day pro-rated) |
| \$ _____ | TOTAL |
| Date Paid _____ | Check # _____ Total Amount Paid \$ _____ |
| Registrar _____ | Cash _____ Child 1 \$ _____ Child 2 \$ _____ |