East Ohio Camps - Summer Camp Registration Form

(DO NOT USE FOR FAMILY EVENTS - Go to www.EastOhioCamps.org or call 1-800-831-3972 ext. 108 for a Family Event Form)

CAMPER INFORMATION

Name _____

☐ Female ☐ Male Birthdate _____

September 2012 Grade _____

E-mail Address _____

Bunkmate Request _____
(We will honor your bunkmate request if possible - must be in same age group and program)

T-Shirt Size:
☐ Child Small ☐ Child Med ☐ Child Large
☐ Adult Small ☐ Adult Med ☐ Adult Large
☐ Adult XL

This is my first time at East Ohio Camps and I heard about East Ohio Camps from: ☐ Local Church ☐ Website ☐ Friend ☐ Newspaper ☐ School ☐ Mailing ☐ Other

I am a returning camper and this will be my _____ year at one of the East Ohio Camps

FAMILY INFORMATION

Father _____

_____
Home Phone Work Phone Cell Phone

E-mail _____

Mother _____

_____
Home Phone Work Phone Cell Phone

E-mail _____

Mailing address for confirmation packet

_____

_____
City State Zip

EVENT INFORMATION

Events fill quickly and many have limited capacity so we recommend a 2nd & 3rd choice.

	Event Date	Event Number	Event Name	Event Cost
1st				
2nd				
3rd				

I wish to attend more than one event. Register me for: ☐ 1st and 2nd events ☐ All three events

REFUND POLICY - 1) If the event you register for is cancelled by us, we will help you select another event. If another selection will not work out, you will receive a full refund. 2) For cancellations 14 days or more before the first day of the event, all fees paid LESS THE MINIMUM REGISTRATION FEE of $40 will be returned, or full payment is transferred to another event if possible. 3) If the cancellation is less than 14 days before the first day of the event, NO REFUND WILL BE MADE. 4) In the event of illness, accident, or family emergency, all fees LESS A $10 HANDLING CHARGE will be returned IF NOTICE IS GIVEN PRIOR TO THE FIRST DAY OF CAMP. 5) No refunds or fee transfers will be made for those who fail to show up on opening day.

_____ _____
Parent/Guardian Signature Date

Church information is optional and is used for reporting purposes. The five digit appt # can be obtained from your local church office.

We do not bill your church so if your church is paying a portion please provide them with the information needed.

Church Name _____ Church Appt # _____

Pastor's Name _____

Church City _____ District _____

Early Bird Discount of $20 applicable if postmarked by May 1, 2012
☐ Apply discount to the cost of my event
☐ I'll pay the full amount of my event and help others attend camp

$10 Sibling Discount after paying full price for first child

Are you a new camper and a friend recommended East Ohio Camps to you? Give us the friend's name and event they are attending and your friend will receive a $10 discount.
Friend's name _____
Event friend is attending _____

Cost of event(s) _____
Discounts _____
Payment _____
Balance Due _____

If paying by check please make payable to:
East Ohio Conference UMC and mail to:
PO Box 76021
Cleveland, Ohio 44101-4755

Credit Card - We accept Visa or Mastercard
☐ Paying full amount due ☐ Paying portion $_____

Acct # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Exp Date ☐☐☐☐ Security Code ☐☐☐

Card Holder Signature _____

Card Holder Address _____

East Ohio Camps of the East Ohio Conference of the United Methodist Church
www.EastOhioCamps.org www.EOCSummercamps.org
camp@eocumc.com
1-800-831-3972 ext. 108