



Summer Camp 2010

To avoid delays, please print clearly in blue or black ink. Please complete all information, use N/A in those areas, which do not apply. We will not be able to process incomplete registrations. Please use this form for one camper only. If needed, make copies. Family campers should send registration forms in the same envelope with other members of your family.

Name _____

Address _____

City _____ State _____

Zip _____

Birth date _____ Age _____

Boy ____ Girl ____ T-Shirt Size _____

Grade entering in Fall 2010 _____

Parent / Guardian _____

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

Parent E-mail _____

Camper E-mail _____

Church Name _____

Church Address _____

Cabinmate: _____

You may request up to two (2) Cabinmates (friends or siblings) to room with. Cabinmates must request each other.

PARENT(S)/GUARDIAN(S) OR ADULT PARTICIPANT AUTHORIZATION:

I hereby make application for enrollment of the camper listed above at the South Carolina United Methodist Camps and Retreat Ministries ("Ministries") activities chosen above, subject to the conditions set forth in the camper information packet or established by Ministries from time to time. I give permission for interviews, photographs or video footage of my child or myself to be used by Ministries for promotional purposes. I give permission for Ministries and its designees to transport my child or myself for participation in an activity and/or for health or safety. I understand that there are risks of possible injury or death by reason of participation in camp or outdoor activities and I assume those risks for my child or myself. I further agree for my child and/or myself to hold Ministries and its agents and trustees harmless from any and all claims for damages, injury or loss to person or property or death in connection with a Ministries activity, except to the extent claims are caused by gross negligence or willful misconduct of Ministries.

Signatures of all custodial parents or legal guardians, or of adult event participant:

Event Information

(PLEASE list first and second choice)

<u>Event Name</u>	<u>Date</u>
_____	_____
_____	_____

Payment Information

Appropriate Deposit Must Accompany Registration

Cost of Event: _____

Camp Store Account: _____

Deposit amount included (50%): _____

Amount of Campership donation: _____

Check or Money Order enclosed: _____

Payable to "SC United Methodist Camps"

Credit Card Amount: _____

Visa _____ MasterCard _____ Discover _____

Expiration Date ____ / ____

Card Security Code _____ (three digits on back of card)

Print name as shown on card: _____

Signature as shown on card: _____

Easy online registration at:

www.asburyhills.org

OR

Send registration, DEPOSIT, and signed release form, to:

SC Camps and Retreat Ministries
Central Office
345 Prado Way
Greenville, SC 29607

Or

fax with Credit Card information to:
864.458.2072 (Attn: Summer Camp Registrar)

(Do not mail a duplicate form)