

# 2010 SUMMER CAMP REGISTRATION FORM

SAVE TIME - REGISTER ONLINE [www.CovenantHeights.org](http://www.CovenantHeights.org)

Check the camp your child wishes to attend:

- |  |   |
|--|---|
| <input type="checkbox"/> Pathfinder - July 5-7 -\$135          | <input type="checkbox"/> TB Adventure 1 - July 5-9 -\$290       |
| <input type="checkbox"/> Trailblazer 1 - June 27-July 2 -\$325 | <input type="checkbox"/> TB Adventure 2 - July 25-30 -\$325     |
| <input type="checkbox"/> Trailblazer 2 - July 11-16 -\$325     | <input type="checkbox"/> TB Adventure 3 - August 1-6 -\$325     |
| <input type="checkbox"/> Sudden Impact - July 5-9 -\$290       | <input type="checkbox"/> SI Adventure 1 - June 27-July 2 -\$325 |
| <input type="checkbox"/> Extreme Adventure - July 11-16 -\$325 | <input type="checkbox"/> SI Adventure 2 - July 18-23 -\$325     |

## CAMPER INFO

Camper's Name \_\_\_\_\_  
Camper's Email \_\_\_\_\_  
Grade (Fall 2010) \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

## PARENT/GUARDIAN INFO

Last Name, First Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## EMERGENCY CONTACT Same as Above

Last Name, First Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## CHURCH INFO

Church Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

One Roommate Request \_\_\_\_\_  
 First time attending camp invited by \_\_\_\_\_  
How did you find out about us? \_\_\_\_\_

## FINANCES - (SPEED PASS - Avoid registration lines by paying all three below now)

- |  |   |
|--|---|
| <input type="checkbox"/> Camp Cost (enter the amount of camp)  | \$ _____  |
| <input type="checkbox"/> Horse back riding - \$25 (optional)   | \$ _____  |
| <input type="checkbox"/> Camp Store and Craft Money (optional) | \$ _____  |
|  | Total Registration \$ _____   |
|  | Minus <input type="checkbox"/> Full Payment or <input type="checkbox"/> \$50 Deposit \$ (_____) |

## OFFICE USE ONLY

<input type="checkbox"/> Speed Pass	Total Registration _____
<input type="checkbox"/> Store Paid _____ 1/2	Child Discount (_____)
	Friend Discount (_____)
	Scholarship (_____)
	Registration Due _____
Payment 1 - Check# _____ Date _____	Amount (_____)
	Remaining Balance _____
Payment 2 - Check# _____ Date _____	Amount (_____)
	Remaining Balance _____

## TODAY'S PAYMENT

- |  |                                |
|--|--------------------------------|
| <input type="checkbox"/> Full Payment or \$50 Deposit from Above | \$ _____                       |
| <input type="checkbox"/> Donation for Camper Scholarships        | \$ _____                       |
| <input type="checkbox"/> Donation for General Camp               | \$ _____                       |
|  | Today's Total Payment \$ _____ |

Payment Method  Check  Visa/Master Card  
Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Security Code \_\_\_\_\_ Cardholder Name (Print) \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_

## HOW TO REGISTER

Mail directly to Covenant Heights with payment. Deposit is applied to the total cost and is not transferable or refundable. In an effort to expedite check-in, balance of fee for all camps is due two weeks prior to camp date. Campers will NOT be registered until deposit is received.

Mail to: Covenant Heights Camp and Retreat Center  
7400 Highway 7, Estes Park, CO 80517  
or Fax to: 970-586-2946