

Camp & Retreat Ministries

2012 Registration Form

ALCollins Latgawa Magruder Sawtooth Suttle Lake Wallowa Lake Other

Event Name _____

Dates of Event: _____

Name: _____

Date of Birth _____ Male Female

Address _____

City _____ State _____ Zip _____

Hm Phone (____) _____ Cell/Other phone (____) _____

Email _____

Local Church name _____ Local Church City: _____

For Youth: Completed grade at time of camp _____

Parent/Guardian Name _____

Roommate: If desired, give the name of one person with whom a camper wishes to share a cabin.

This must be a mutual request. _____

Special Dietary Needs

When communicated in advance, we generally can provide menu items that will accommodate special diets. It is very important to indicate any food allergies. Please give us specifics in the space provided in the next question.

- No Dietary Restrictions
- Diabetic
- Vegetarian
- Gluten-Free
- Lactose Intolerant (please be specific below)
- Vegan
- Other: _____

By registering for this event, I read and understand the policies of the Camp & Retreat Ministry as found on their website at gocamping.org. I recognize and acknowledge that camp/retreat activities can involve certain hazards, including, but not limited to illness, injury and accidents, and I hereby release the Camp & Retreat Ministry, The United Methodist Church and the Episcopal Diocese of Oregon from liability.

I give permission for

- Transportation for scheduled off-site events
- Photocopying of health history forms for scheduled off-site events
- Photos/video to be used in future publicity
- Participant's name, address and email address to be shared with other registered participants and staff.

Payment

Event Fee \$ _____*
(Use bottom box for family events)

Option Fees
(Options for selected camps/events. Check event descriptions.)

Sawtooth Bus -Fairfield \$ _____

Sawtooth Bus -Jerome \$ _____

Other _____ \$ _____

Optional Gift to Campership Fund \$ _____

Amount Enclosed \$ _____
((\$50 non-refundable deposit unless otherwise indicated.)

Balance Due \$ _____
(Two weeks before event starts)

Make checks payable to:
Conference Treasurer

Send Registration to:

Camp Registrar
1505 SW 18th Avenue
Portland, OR 97201

For more information contact Geneva Cook in the camping office:

Phone: **(503) 802-9210**
Fax number: **(503) 228-3196**
e-mail: camping@gocamping.org

For Family Camp Events

Please put name, gender, birthdate or age (for children & youth) and address (if different from above) for all additional family members or others attending family events together who wish to share facilities.

Name	Birthdate	Gender	Fee*
1. Camper Named above	_____	M F	\$ _____
2. _____	_____	M F	\$ _____
3. _____	_____	M F	\$ _____
4. _____	_____	M F	\$ _____
5. _____	_____	M F	\$ _____
6. _____	_____	M F	\$ _____

Total Family camp fees \$ _____

