



# Camp Ewalu Summer

# Registration Form

# 2017

Mail to: Camp Ewalu, 37776 Alpha Avenue, Strawberry Point, IA 52076 | Office Hours: M-F, 8 am-4:30 pm

Phone: 563-933-4700 | Fax: 563-933-6022 | Website: www.ewalu.org | E-mail: [camp@ewalu.org](mailto:camp@ewalu.org) / [office@ewalu.org](mailto:office@ewalu.org)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender:  Male  Female Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Completing \_\_\_\_\_ Graduation Year \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Congregation: \_\_\_\_\_ Town: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(If different from child's address)

### **Program Preferences:**

First Choice: \_\_\_\_\_ Camp Week/ Date: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Camp Week/ Date: \_\_\_\_\_

Camp Buddy: \_\_\_\_\_

(Make sure your buddy names you, on their registration!)

### **Parent / Guardian**

Parent/Guardian 1: \_\_\_\_\_ Parent/Guardian 2: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Cell: \_\_\_\_\_ Phone Cell: \_\_\_\_\_

Ph.Home / Work: \_\_\_\_\_ Ph.Home / Work: \_\_\_\_\_

Name & Phone No. of other Emergency Contact Person: \_\_\_\_\_

### **Payment Information:**

*Deposit: \$100 non-refundable deposit for all summer camp programs. Full payment is due three weeks prior to camp.*

Amount of Deposit or Full Payment Enclosed \$ \_\_\_\_\_

Method of Payment: Check # \_\_\_\_\_ or Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVC Code: \_\_\_\_\_

Card Holder Signature \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Name on Card: (please print) \_\_\_\_\_

To the best of my knowledge, all registration information for the person described herein is correct. I give permission for my child to participate in all camp activities, including but not limited to: the Cooperative/Ropes Course, activities involving horses and horseback riding, and trips off-site in camp vehicles, except as noted here: \_\_\_\_\_ and I agree that the camp, its staff, volunteers, and the horses' owners will not be held responsible for any accidents or personal injury arising from participation therein. I agree that the camp and its staff will not be held responsible for lost or damaged personal property. I also grant permission for pictures or video taken of the individuals listed above to be used in publications and promotional materials.

\_\_\_\_\_  
Signature of Parent/Guardian, or adult camper (if over 18)

\_\_\_\_\_  
Date

Office use only:		
Camp Fee: _____	Sibling Discount: _____	Date: _____
Deposit Paid: _____	Campership: _____	Check No.: _____
Early Discount: _____	Amount Due/Paid: _____	Check Writer: _____