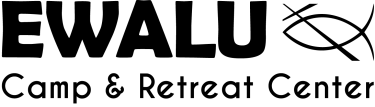
**** 2022 Summer Registration Form**

**Mail to: Camp Ewalu**, 37776 Alpha Avenue, Strawberry Point, IA 52076 **|**  563-933-4700

www.ewalu.org **|** [camp@ewalu.org](mailto:camp@ewalu.org) Registrar: [office@ewalu.org](mailto:office@ewalu.org) **|** Office Hours: M-F, 8 am–4:30 pm

Last Name First Name

Gender \_ Birth Date \_\_\_/\_\_\_\_/\_\_\_\_ Grade Completing \_ Graduation Year

Child’s 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 1 Type of Phone 1 Type of

Phone 2 Type of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2 Type of

Phone 3 Type of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 3 Type of

**Payment Information**

**YES** *If your family is capable, we invite you to cover your child’s “true cost” of camp (add’l.* ***$255*** *for a full week,* ***$130*** *for a half-week/DAY program)*

Amount of Deposit or Full Payment Enclosed $

*Deposit: $100 non-refundable deposit for all summer camp programs. Full payment is due 3 weeks prior to coming to camp*

Method of Payment Check \_\_\_\_\_\_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, or illness (including COVID-10) arising from participation therein. I agree that the camp or 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