

Camp Ewalu Summer Registration Form 2020

Mail to: Camp Ewalu, 37776 Alpha Avenue, Strawberry Point, IA 52076 | Office Hours: M-F, 8 am-4:30 pm
Phone: 563-933-4700 | Website: www.ewalu.org | E-mail: camp@ewalu.org Registrar: office@ewalu.org

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 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: _____