

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 (made out to Camp Ewalu) 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 age 18 or older) _____

Date _____

OFFICE USE ONLY

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