Summer Camp REGISTRATION

Sign up online & see FAQs:
www.Ewalu.org/Summer-Camp

Mail to: Camp Ewalu
37776 Alpha Ave.
Strawberry Point, IA 52076
or email: office@ewalu.org

Go online to enroll one or more campers from the same household, view balance, or make payments.
Church youth groups: please mail forms together.

Last Name _____ **First Name** _____

Gender _____ Preferred Pronouns _____ Grade Completing _____ Birthdate ____/____/____

Address _____ State _____ Zip _____

City _____

Home Congregation _____ City _____

Billing Address *(if different)* _____

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Email _____ Email _____

Phone (Cell) _____ Phone (Cell) _____

Work/Home _____ Work/Home _____

Program Preferences

1st Choice _____ Camp Week _____

2nd Choice _____ Camp Week _____

Camp Buddy *(May list more than one)* _____

(Buddies will sleep in the same group. Make sure your camp buddy also names you).

Payment Information

Deposit: $100 deposit required for all summer camp programs. Full payment is due three weeks prior to camp. Payments refundable until May 31, 2025.
No camper is EVER turned away from Ewalu for lack of ability to pay. In order to receive campership funding, please call Diane Parker, camp registrar, at 563-933-4700.

Select & write in program cost: ☐ Tier 1 (Closest to true cost of camp) $_____ ☐ Tier 2 (Partially subsidized, standard rate) $_____ ☐ Tier 3 (For families in need of more support) $_____

Payment Enclosed $ _____ Method of Payment: ☐ Check ☐ Visa ☐ MasterCard ☐ Discover

Card # _____ Expiration Date _____

Card Holder Signature: _____ Billing Zip Code _____ CVC Code: _____

Name on Card: (please print) _____

Health Information

For the **Health History Form**, download at *www.ewalu.org/download-summer-forms* or contact Ewalu (online registrations will include form).
Questions regarding food allergies? Please refer to our website at *www.ewalu.org/registration.*

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 Ewalu program activities including but not limited to: the Cooperative/Ropes Course and trips off-site in camp vehicles; except as noted here _____ . I agree that the camp, its staff, volunteers, and the vendors will not be held responsible for any accidents, personal injury, or illness arising from participation therein. I agree that Ewalu and the camp staff are not responsible for lost or damaged personal property. I also grant permission for pictures or videos taken of the individual(s) 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: _____ Campership: _____ Date: _____
Deposit Paid: _____ Amount Due/Paid: _____ Check No: _____
Early Discount: _____ Check Writer: _____