2018 Cedarkirk Summer Camp Registration Form

Camper Information

Last Name: _____ First Name: _____ Preferred Name: _____
Street/P.O. Box: _____ City: _____ State: _____ Zip: _____
Gender: _____ Date of Birth: _____ Grade Completed by 6/03/2018: _____
Roommate request: _____ (campers must request one another) T-Shirt Size: YS YM YL S M L XL 2XL

Family Information

Parent/Guardian Name(s): _____ Relationship: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____
Address (if different from camper): _____
City: _____ State: _____ Zip: _____ Email: _____

❑ Please check here if you would prefer to receive confirmation materials by standard mail rather than by email.

Church Information

Your Church Name: _____ City: _____

(Please note that for all those attending PC(USA) churches in Tampa Bay and Peace River Presbyteries, a church signature is required on the Authorization & Consent Form (sent with the confirmation materials) to receive the $20 discount. All others pay listed price.

Registration Information

Please provide an alternate choice in case your first choice fills. **A $75 non-refundable deposit for each camp desired must be received with this application in order to secure a spot in the desired program.**

1st Choice Camp Session and Name: _____ Dates: _____ to _____ Cost: _____
2nd Choice Camp Session and Name: _____ Dates: _____ to _____ Cost: _____