

Mt. Gilead Summer Camp 2011 Registration

Camper's Name _____ E-mail address _____
 Address _____ Home Church _____
 Home Phone _____ Cell Phone _____ Church Address _____
 Birth Date ___/___/___ Age in June _____ Camper's ___ year at Mt. Gilead
 School _____ Grade completed in June _____
 Full name of mother or guardian _____ Work Phone _____
 Full name of father or guardian _____ Work phone _____
 Address of parent or guardian _____
 Cabin mate request (same grade) _____

____ Young Adventurers **July 6-9** \$150 total cost (\$50 Registration fee \$100 Room and board)

____ Young Adventurers **Aug 3-6**

Regular Camping Program (Check week(s) desired)

✓	Week	Date	Horsemanship \$100 fee	Stay over \$30 fee	Kitchen Aide (PA working papers required)	Corral Aide (PA working papers required)
	1- Tom Sawyer and Huck Finn	July 3-9				
	2- Sherlock Holmes	July 10-16				
	3- Alice in Wonderland	July 17-23				
	4- Holiday Week	July 24-30				
	5- Dr. Seuss	July 31-Aug 6				

Specialty Camping Programs

✓	Specialty Week	Dates	Camp Week	Additional fee	Total Charge for Program
	CILT II	June 24-July 2	Pre, 1, 2	\$100	\$305 + \$100 = \$405
	Searcher Equestrian Quest A	July 3-9	1	\$150	\$305 + \$150 = \$455
	Searcher Equestrian Quest B	July 10-16	2	\$150	\$305 + \$150 = \$455
	CILT I	July 10-23	2, 3	\$100	\$610 + \$100 = \$710
	Paddling Possibilities	July 17-23	3	\$150	\$305 + \$150 = \$455
	Equestrian Quest I	July 17-23	3	\$180	\$305 + \$180 = \$485
	Adventure X5	July 24-30	4	\$180	\$305 + \$180 = \$485
	Searcher Equestrian Quest C	July 24-30	4	\$150	\$305 + \$150 = \$455
	Equestrian Quest II	July 31-Aug 6	5	\$180	\$305 + \$180 = \$485

Non Refundable Registration Fee _____

(\$100 per child/per week OR \$125 per family/per week)

Room and Board (\$205 per child/per week) _____

Pre-paid Tuck money _____

Additional fees _____

Early Bird Discount (\$10 per Child) before April 1 _____

Total Enclosed ___ check ___ credit card _____

Please make checks payable to: **Mt. Gilead Camp and Conference Center**

Credit Card# _____ Exp. _____

Name on credit card: _____ Billing Address for card: _____

BEFORE June 10 mail to:

Beth Yori
 PO Box 41
 Crum Lynne, PA 19022

AFTER June 10 mail to:

Mt. Gilead Camp and Conference Center
 RD8 Box 8162
 Stroudsburg, PA 18360-9210

I hereby grant permission for any pictures and/or video taken of my child, me, or my family to be used in any publications or promotions for Mt. Gilead Camp & Conference Center, and for my child to receive emergency treatment, of which I am financially responsible. I understand that on occasion, Mt. Gilead campers may be transported off-campus under the supervision of camp staff. I am aware this might include, but is not limited to, the following: church service, horse show, hiking, camping, canoeing, ice cream, and a recreational park. I give permission for my child to participate in all on and off-campus activities.

Signature of Parent or Guardian _____ Date ___/___/___