

Mt. Gilead Summer Camp 2010 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 _____

Please check if you would like the following: ___ Scholarship Information ___ 3 Friends Discount Information
 ___ Young Adventurers (July 7-10) \$150 total cost (\$50 Registration fee \$100 Room and board)

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- The Big Frontier	July 4-10				
	2- Wild Blue Yonder	July 11-17				
	3- The Glorious Unknown	July 18-24				
	4- The Ride of Your Life	July 25-31				
	5- New Horizons	Aug 1-7				

Specialty Camping Programs

✓	Specialty Week	Dates	Camp Week	Additional fee	Total Charge for Program
	CILT II	June 25-July 17	Pre, 1, 2	\$100	\$295 + \$100 = \$395
	Searcher Equestrian Quest A	July 4-10	1	\$150	\$295 + \$150 = \$445
	Searcher Equestrian Quest B	July 11-17	2	\$150	\$295 + \$150 = \$445
	CILT I	July 11-24	2, 3	\$100	\$590 + \$100 = \$690
	Paddling Possibilities	July 18-24	3	\$150	\$295 + \$150 = \$445
	Equestrian Quest I	July 18-24	3	\$180	\$295 + \$180 = \$475
	Adventure X5 I	July 25-31	4	\$180	\$295 + \$180 = \$475
	Searcher Equestrian Quest C	July 25-31	4	\$150	\$295 + \$150 = \$445
	Equestrian Quest II	Aug 1-7	5	\$180	\$295 + \$180 = \$475

Non Refundable Registration Fee _____
 (\$100 per child/per week OR \$125 per family/per week)
 Room and Board (\$195 per child/per week) _____
 Pre-paid Tuck money _____
 Additional fees _____
 Early Bird Discount (\$10 per Child) before April 1 _____
 Total Enclosed ___ check ___ credit 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

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

Credit Card# _____ Exp. _____

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

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 ___/___/___