

Mt. Gilead Summer Camp 2012 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 11-14** \$150 total cost (\$50 Registration fee, \$100 Room and board)

____ Young Adventurers **Aug 8-11**

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- Hakuna Matata	July 8-14				
	2- Dinglehoppers and Snarfblats	July 15-21				
	3- Reduscycle	July 22-28				
	4- Bippity Boppity Boo	July 29-Aug 4				
	5- Chitty Chitty Bang Bang	August 5-11				
	6-DAY CAMP Cost \$125	August 13-17	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

Specialty Camping Programs

✓	Specialty Week	Dates	Camp Week	Additional fee	Total Charge for Program
	CILT II	June 29-July 21	Pre, 1, 2	\$100	\$475 + \$100 = \$575
	Searcher Equestrian Quest A	July 8-14	1	\$150	\$315 + \$150 = \$465
	Searcher Equestrian Quest B	July 15-21	2	\$150	\$315 + \$150 = \$465
	CILT I	July 15-28	2, 3	\$100	\$630 + \$100 = \$730
	Paddling Possibilities	July 22-28	3	\$150	\$315 + \$150 = \$465
	Equestrian Quest I	July 22-28	3	\$180	\$315 + \$180 = \$495
	Adventure X5	July 29-Aug 4	4	\$180	\$315 + \$180 = \$495
	Searcher Equestrian Quest C	July 29-Aug 4	4	\$150	\$315 + \$150 = \$465
	Equestrian Quest II	August 5-11	5	\$180	\$315 + \$180 = \$495

Non Refundable Registration Fee _____
 (\$100 per child/per week OR \$125 per family/per week)
 Room and Board (\$215 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
 440 Rinker Road
 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, for 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 ___/___/___