

2017 CAMP WARWICK REGISTRATION FORM*

THIS FORM MUST BE COMPLETED BY PARENT/ GUARDIAN AND SUBMITTED WITH THE SEPARATE NOTARIZATION FORM (PAGE 5) BEFORE REGISTRATION WILL BE ACCEPTED. THE PERSON REGISTERING THIS CAMPER IS RESPONSIBLE FOR MAKING ALL PAYMENTS.

Please use one form per child. Copies may be made of this form.

**Please contact the Registrar's office for a Camp Sunrise application packet.*

PRINT NEATLY WITH BLUE OR BLACK INK. FILL IN **ALL** INFORMATION

CAMPER INFORMATION (WHERE CAMPER RESIDES)

Is this the camper's first summer at Camp Warwick? Yes No Grade Completed _____ Male Female
Camper Birth Date ____/____/____ Camper Age: _____

Last Name _____ First Name _____ Initial _____

Parent/Guardian Full Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Name of Person Registering this Camper _____

Relationship to Camper _____

Registrant's Phone Number _____ Email _____

Camper lives with: Both Parents Mother Father Other _____

Please place a check next to the number that is best to use as a first contact.

Home Telephone _____

Mother's Work Telephone _____

Father's Work Telephone _____

Mother's Cell Phone _____

Father's Cell Phone _____

Mother's Email _____

Father's Email _____

How did you learn about Camp Warwick (i.e., referral, advertisement, church)? _____

CHURCH INFORMATION (If applicable)

Church Name _____

Reformed Church in America Other Denomination _____

Address _____

City _____ State _____ Zip _____

EMERGENCY CONTACT INFORMATION REQUIRED* (LIST INDIVIDUALS OTHER THAN PARENT/GUARDIAN)

Emergency Contact #1 _____ Telephone _____

Relationship to Camper _____

Emergency Contact #2 _____ Telephone _____

Relationship to Camper _____

Send Registration, Health Record and Notarization Form with full payment to:
CAMP WARWICK, REGISTRAR, P. O. Box 349, WARWICK, NY 10990
Payment Options: Checks payable to the **Warwick Conference Center, Inc.**
Credit Card: Visa or Mastercard

CAMPER NAME _____

Please check the weeks your child wishes to attend camp.

IN CAMP

<input type="checkbox"/>	WEEK 1	June 25-30	Grades 3-5 & 6-9	Camp Fee:	\$425.00	\$ _____
<input type="checkbox"/>	WEEK 2	July 02-07	Grades 3-5 & 6-9	Camp Fee:	\$425.00	\$ _____
<input type="checkbox"/>	WEEK 3	July 09-14	Grades 3-5 & 6-9	Camp Fee:	\$425.00	\$ _____
<input type="checkbox"/>	WEEK 4	July 16-21	Grades 2-4	Camp Fee:	\$425.00	\$ _____
<input type="checkbox"/>	WEEK 5	July 23-28	Grades 5-8 & 9-12	Camp Fee:	\$425.00	\$ _____
				IN CAMP FEE(S):		\$ _____

OPTIONAL HORSEBACK RIDING OPPORTUNITIES FOR IN CAMPERS will be available for an additional fee:

<input type="checkbox"/>	WEEK 1	June 25-30	ONE DAY	Additional Fee:	\$ 55.00	\$ _____
<input type="checkbox"/>	WEEK 2	July 02-07	FULL WEEK	Additional Fee:	\$215.00	\$ _____
<input type="checkbox"/>	WEEK 3	July 09-14	FULL WEEK	Additional Fee:	\$215.00	\$ _____
<input type="checkbox"/>	WEEK 4	July 16-21	ONE DAY	Additional Fee:	\$ 55.00	\$ _____
<input type="checkbox"/>	WEEK 5	July 23-28	FULL WEEK	Additional Fee:	\$215.00	\$ _____
				HORSEBACK RIDING FEE(S):		\$ _____

IN CAMP / HORSEBACK RIDING FEE(S) SUBTOTAL: \$ _____
Amount church will contribute (check must accompany registration form): \$ _____
OVERNIGHT CAMP FEE(S) TOTAL: \$ _____

BUNK PARTNER PREFERENCE (one name only): _____

DAY CAMPS: ADVENTURE CAMP & DAY CAMP

Please check off below the camp week(s) your child wishes to attend. **FULL PAYMENT FOR THE FIRST WEEK** your child wishes to attend must accompany registration. For each additional week your child wishes to attend, please remit a \$40.00 non-refundable deposit. **Adventure Camp Fee is \$330.00 per week***. **Day Camp Fees are \$300.00 per week for the first child and \$275.00 per week for each additional child.** Registrations for **THREE or more weeks** of Day Camp and Adventure Camp **PAID IN FULL at the time of registration by May 31st** will receive an additional 5%** discount.

**There is no second child discount for Adventure Campers. **5% Discount: Day Camp - Subtract \$15.00 per week for 1st child; subtract \$13.75 per week for additional children. Adventure Camp - Subtract \$16.50 per week. Please contact the Camp Registrar with any questions.*

Please check one: Day Camp Adventure Camp
 This registration form utilizes the additional child discount.

DAY CAMP FEES

<input type="checkbox"/>	WEEK 1	June 26-30	PARTIAL PAYMENT OPTION First Week Fee: \$ _____ Additional weeks deposit fee (# of weeks @ \$40.00 per week): \$ _____ TOTAL FEES: \$ _____	PAID IN FULL OPTION PAID in FULL Amount: \$ _____ Circle # of weeks Paid In Full: 3 4 5 6 7 TOTAL FEES: \$ _____
<input type="checkbox"/>	WEEK 2	July 03-07		
<input type="checkbox"/>	WEEK 3	July 10-14		
<input type="checkbox"/>	WEEK 4	July 17-21		
<input type="checkbox"/>	WEEK 5	July 24-28		
<input type="checkbox"/>	WEEK 6	July 31-Aug. 04		
<input type="checkbox"/>	WEEK 7	August 07-11		
			DAY CAMP FEE(S) TOTAL:	\$ _____

PAYMENT OPTIONS

____ Check Enclosed. ____ Credit Card Please bill \$ _____ to my VISA or MASTERCARD (circle one)
Credit Card # _____ Exp. Date _____ Cardholder Signature _____
Credit Card Billing Address (Required) _____
Street City State Zip

CAMP FEE MUST ACCOMPANY THIS REGISTRATION, unless you are applying for a scholarship. Health forms must be filled out completely, and all registration items submitted in order to hold your space. You will receive a confirmation mailing confirming the week(s) you are registered within four weeks of receipt of your registration.

SCHOLARSHIPS ARE AWARDED FOR OVERNIGHT CAMPS ONLY
Scholarships are available through the generosity of the Synod of New York, Reformed Church in America; Reformed Church of Port Ewen Scholarship Fund; Jeremy P. Nulton Scholarship Fund; Rev. Herman De DeJong Scholarship Fund; Henrietta A. Wermann Scholarship Fund; and Joyce Weissert Memorial Scholarship Fund.