

# Youth Camps Registration Form

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## MATTERS

### Family Discount

The first child in your family attending camp comes at full price. The second receives a \$5 discount! The third, fourth, fifth, etc. receive a \$10 discount!

### Early Bird Reward

**April 1, 2008**

Send your youth camp registration in by April 1, 2008 and receive the official 2008 summer camp t-shirt free when you arrive at camp!

### Rake-a-thon

**April 19, 2008**

Earn money towards the camp fee while you help make Sky Lodge look beautiful! Contact Sky Lodge for details. Pledge forms are available on the Sky Lodge web site.

[www.skylodge.org](http://www.skylodge.org).

### Late Fees

**April 21st, 2008**

Avoid an extra \$5.00 charge per camper by having the registration form postmarked on or before April 21st, 2008.

Don't forget about

**Express**

**Registration!**

Save time and avoid long lines on registration day when all your forms and fees are received at camp by—

June 11 for Junior Camp  
June 18 for Young Teen

To ensure speedy processing, please fill out legibly and completely. Please use a separate form for each child registering for camp. Feel free to photocopy this form. Parent information will be sent upon receipt of this registration. This form may be mailed or faxed. If faxed, please include a credit card deposit. Registration also available online at [www.skylodge.org](http://www.skylodge.org).

Please check one:  Junior Camp June 16 - 21  Young Teen Camp June 23 - 28

Name \_\_\_\_\_  M  F

Address \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Fall '08 Grade \_\_\_\_\_

Church or Youth Group \_\_\_\_\_

Name(s) of parent(s) child lives with: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Cabin Mate Request: (No more than 2 names) **Circle your friend's name if they've never been to camp before.**

Camper's Promise: I agree to abide by the rules of the camp.

\_\_\_\_\_ camper signature

Parental Agreement:

I approve of the use of pictures taken of my child to be used in promotion. In an emergency, I hereby give permission to the licensed physician selected by Sky Lodge Christian Camp to secure proper treatment, hospital care, anesthesia, or surgery for any child named on this form.

\_\_\_\_\_ parent signature

Do you want the \$49.00 horsemanship package?  Yes  No  
(30 minutes of instruction & 30 minutes of riding for 4 days)

Deposit Information: (\$20.00 transferable, but not refundable)

**\$5 late fee  
after 4/21/08**

Check enclosed, payable to Sky Lodge Christian Camp

Please charge the registration to my:  Visa  MasterCard  Discover

Amount: \$ \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card # \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_