

DAY CAMPER APPLICATION

TO ATTEND THE DAY SERVICES ONLY

- ◆ Applications must be received no later than June 22nd (allow time for mailing)
- ◆ THIS DOES NOT INCLUDE THE USE OF SPORTS FACILITIES, NOR WOULD CHILDREN BE UNDER THE SUPERVISION OF THE CAMP COUNSELORS, OTHER THAN DURING THE SERVICE. PARENTS ARE RESPONSIBLE FOR DROPPING CHILDREN OFF, JUST PRIOR TO THE SERVICE & PICKING CHILDREN UP IMMEDIATELY UPON CLOSE OF SERVICE.
- ◆ Family Camp morning services are free of charge

Junior Camp ages 9-12

Please check services attending: Wednesday Thursday Friday

Amount Due: Number of services _____ x \$10.00 = \$ _____

Senior Camp ages 13-36

Please check services attending: Wednesday Thursday Friday

Amount Due: Number of services _____ x \$15.00 = \$ _____

I hereby make application to attend camp day services. I will conduct myself in accordance with the camp regulations and submit to camp authorities. I also accept responsibility of payment for any negligent damage incurred by me.

NAME: _____ AGE: _____ DATE OF BIRTH: ___ / ___ / ___

ADDRESS: _____ PHONE: () _____

CHURCH NAME/CITY _____ GENDER _____ GRADE _____

PARENTAL/GUARDIAN AUTHORIZATION:

The above named camper has my permission to attend the UPC camp for the period indicated. In case of emergency, I authorize the camp management to give routine medical care, call a physician, to hospitalize and perform surgery, if necessary. Medical treatment resulting from pre-existing conditions will not be the responsibility of the camp authorities. Any injury must be reported before leaving camp, with pertinent information submitted to camp authorities within 30 days.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

EMERGENCY CONTACT: _____ PHONE: () _____

PASTOR'S RECOMMENDATION

The above applicant attends my church and has my permission to attend Day Camp Services. This form was fully completed before I signed it.

Pastor's name: (Please Print) _____

Pastor's Signature: _____

Mail to: NY District Camp, c/o Camp 2009, 80 Luksin Drive, Tonawanda, NY 14150
Make check payable to: NY District UPC