

# CHAMBERS WESLEYAN CAMP – CAMP REGISTRATION FORM 2011

**M Y C A M P** August 12 at 12:30PM- August 13 3PM

Child's Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Female  Male Birth Date: \_\_\_\_\_ Age \_\_\_\_\_ And/or Grade just completed: \_\_\_\_\_

Attending Parent / Guardian's Name: \_\_\_\_\_

Attending Guardian's Gender:  Female  Male

Additional Attending Parent/Guardian Name: \_\_\_\_\_

Additional Attending Parent/Guardian Gender:  Female  Male

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Legal Guardian's Name (If different from above.): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Church: \_\_\_\_\_ Church Phone: (\_\_\_\_) \_\_\_\_\_

Requested Roommate(s): \_\_\_\_\_

If you are staying in your own cottage or trailer please indicate your Cabin or Lot number: \_\_\_\_\_

**My Camp** (August 12-13) \$45.00 per Parent & Child postmarked by Aug 5.  
(Additional children or adults will be \$15.00 each and require this completed form.)

- Make "My Camp" checks payable to: **"Chambers Wesleyan Camp."**
- Send checks with this form to: **My Camp Registrar**  
**Mrs. Carmen Pickering at 2075 Chambers Road, Beaver Dams, NY 14812**
- Registrar Information:  
**Mrs. Carmen Pickering (607) 937-6120 or e-mail [GraceLeeChurch@stny.rr.com](mailto:GraceLeeChurch@stny.rr.com)**

## OFFICE USE ONLY

- Registration Form Complete
- Amount Due \$ \_\_\_\_\_
- Family Paid \$ \_\_\_\_\_
- Church Paid \$ \_\_\_\_\_

*("Rules for acceptance and participation in these programs are the same for everyone without regard to race, color, national origin, age, sex or handicap. Any person who believes he/she has been discriminated against in any USDA/related activity should write immediately to the Secretary of Agriculture, Washington DC 20250.")*

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Cut along dotted line

## SAVE THIS PORTION FOR YOUR INFORMATION

All necessary forms should be at your church or at the web site: [www.ChambersWesleyanCamp.org](http://www.ChambersWesleyanCamp.org)

**"My Camp" Director Mrs. Linda Walter (607) 382-8386 or e-mail [LW@stny.rr.com](mailto:LW@stny.rr.com)**  
**Registration time for this camp is at 12:30 PM on Friday August 12, 2011.**  
**Camp ends at 3:00 PM on Saturday August 13, 2011.**

## CAREFULLY NOTE THE FOLLOWING

**HEALTH FORMS are not necessary for MY CAMP** as children will stay with family. It is requested that all campers, including adults, leave their medications with the camp nurse for the safety of the campers. Campers will be checked for head lice at registration as per state regulations.

Modesty in dress will be expected. **NO** two piece bathing suits. Everyone needs to bring a sleeping bag, pillow, BIBLE, toiletries, and clothes for varying weather conditions.

**Each child and adult need to bring a white T-Shirt for craft time**

*I grant Chambers Wesleyan Camp and Retreat Center the right to take, print, and/or electronically use photographs/video of me and/or my child in connection with camp activities for such lawful purposes as publicity, illustration, advertising, and Web content.*