

2021

UNY CAMP & RETREAT MINISTRIES

SUMMER CAMP REGISTRATION FORM

Skye Farm Camp and Retreat Center

Reminder!

It's easy to register online at
CAMPsandretreats.org

FAMILY INFO

NAME OF CAMPER: _____

CAMPER ADDRESS (Street, City, Zip): _____

Parent 1/Guardian Name: _____ Parent 2/Guardian Name: _____

Occupation: _____ Occupation: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell/Pager Number: _____ Cell/Pager Number: _____

E-mail: _____ E-mail: _____

Address: _____ Address: _____

_____ (if different than camper) _____ (if different than camper)

Name of Church: _____ City: _____ Denomination: _____

Sponsoring church/agency responsible for payment: _____ Amount (if known): \$ _____

CAMPER INFO

Date of Birth: _____ Male Female

Age at Camp: _____ Grade Entering: _____

Camper E-mail: _____

Camper T-shirt size (pick 1) **CHILD:** Sm Med Lg **ADULT:** Sm Med Lg XL XXL

Cabinmate Request: _____

(If possible, we will honor your request for one cabinmate, if campers are the same age group/program and each lists the other on their registration form.)

Camper resides with: Mother Father Both Other: _____

Notes for leaders to help my child have a super week: Please note a recent family loss/change, custody information, medical needs, dietary requirements/allergies, life-threatening allergies, behavioral notes. These notes are used to help prepare for camp. They are not used to establish eligibility. Please attach extra pages as needed.

I first heard about camp through: Church Brochure Website
 Family Friend Newspaper Other:

CHOICES

please list your top

Dates: (ex. 06/12-06/18)

Program Name: (ex. Game Crazy)

Site: (Aldersgate/Casowasco/Sky Lake/Skye Farm)

Fee:

3

- _____
- _____
- _____

I'm selecting: Tier One (YELLOW) Tier Two (PINK) Tier Three (BLUE) Total Program Fee(s): \$ _____

DISCOUNTS & PAYMENT

Sibling Discount (-\$40.00 max per camper)

\$ My Sibling (name) _____ is attending (program)

at _____
(site) _____

\$75*
deposit per session must accompany registration.

Total Discounts -\$ _____

\$1 donation to the CRM Scholarship fund +\$ _____

Total \$ _____

Amount Enclosed* \$ _____

Balance Due \$ _____

Method of Payment: Check # _____ Visa Mastercard (Charge will show as "Upper New York Annual Conference")

Card Number: _____ Expiration Date (XX/YY): _____ / _____ 3 Digit Security Code: _____

Cardholder's Name (please print): _____

Cardholder's Address (Street, City, Zip): _____

Cardholder's Signature: _____

SIGN

PARENTAL/GUARDIAN PERMISSION

I hereby give my permission for my child (named above) to attend the camp session for which he/she is registering. I understand that my child's name/address/e-mail address may be shared with his/her program group and UM agencies, and still/video pictures of my child may be used for promotional purposes unless I notify the camp administration in writing to the contrary. The camp administration has my permission to secure emergency medical care as needed until I can be reached. I understand that properly completed medical information is required for attendance. I understand that summer camp programs may include off site travel and/or off site swimming.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

** REMEMBER TO MAKE CHECKS PAYABLE TO UNYAC AND MAIL TO **Skye Farm 1884 E. Schroon River Rd. Warrensburg, NY 12885**

FOR OFFICE USE ONLY:

CAMPER NAME

Postmark Date

Rc'd