

2010 REGISTRATION FOR YOUTH

Camper Name: _____

Sex: M F Grade Completed: _____ Birthdate: _____

Address: _____

City/State/Zip: _____

Home Church: _____ City: _____

CONTACT INFO: Email: _____

Home Phone: (____) _____ Cell: (____) _____

Other Emergency Contact: Name: _____ (____) _____

Desired Cabinmate: _____
(cabins will be assigned before arrival, depending on requests and cabin capacity)

HEALTH RECORD & RELEASE

Child lives with Both parents Father Mother Other _____

Father's Full Name: _____

Mother's Full Name: _____

Insurance Company: _____ Policy #: _____

Please mark any conditions which affect your child:

- ADD/ADHD Asthma Diabetes
 Bee sting allergy Epilepsy
 Food Allergy (list) Other (please list)

MEDICATIONS TAKEN REGULARLY (All meds must be in original pharmacy container, labeled with camper's name. Camp nurse will keep and administer all meds. Use extra paper if necessary. List med, dosage, time given.)

PAY WITH CREDIT CARD

Type: _____ Number: _____

CVC Number: (located on back of card) _____ Expiration Date: _____

CAMPER & PARENT/GUARDIAN: PLEASE READ BEFORE SIGNING. Parent/Guardian Consent: "I give consent for my child to receive emergency medical care if deemed necessary. I understand that camp carries secondary medical insurance only, which means claims must be submitted to my insurance carrier first. I certify that my child has permission to attend camp and participate in all activities including swimming and horseback riding. (Any exceptions are noted.) I realize that my camper's picture or testimony may be used in the promotion of the camp, unless I have attached written instructions otherwise. I have read and understood the policies presented in this brochure." **Regarding Senior High Campers Only:** "I give permission for my senior high camper to attend off-campground activities when supervised by authorized personnel." **Camper's Consent:** "I have read and understood the guidelines presented in the brochure and agree to abide by the regulations of the camp."

Camper Signature & Date

Parent/Guardian Signature & Date

WHICH
CAMP?
(circle one)

Junior 1

Junior 2

Junior High

Senior High

Cost of Camp	\$
— New Friend Discount <small>(\$10, see rules)</small>	\$
Friend(s) Name: _____	\$
— Family Discount <small>(applies to 3rd camper and more only, see rules)</small>	\$
+ Late Fee <small>(\$20 if not registered 3 weeks prior to camp)</small>	\$
Total Cost of Camp	\$
— Amount Enclosed <small>(\$40 registration fee required)</small>	\$
= Balance Due on Arrival	\$

2010 REGISTRATION FOR FAMILY CAMP ONLY

Last Name: _____

- Family Camp (FC) RV Site
 Labor Day Weekend (LDW) Aired Cabin Non Aired Cabin
 (cabin requests are 1st come 1st served)

All Family Members Attending:

- _____ Adult Teen (13+) Child (6-12) Preschooler (3-5) Baby (to age 2)
 _____ Adult Teen (13+) Child (6-12) Preschooler (3-5) Baby (to age 2)
 _____ Adult Teen (13+) Child (6-12) Preschooler (3-5) Baby (to age 2)
 _____ Adult Teen (13+) Child (6-12) Preschooler (3-5) Baby (to age 2)
 _____ Adult Teen (13+) Child (6-12) Preschooler (3-5) Baby (to age 2)
 _____ Adult Teen (13+) Child (6-12) Preschooler (3-5) Baby (to age 2)
 _____ Adult Teen (13+) Child (6-12) Preschooler (3-5) Baby (to age 2)

Address: _____

City/State/Zip: _____

Home Church: _____ City: _____

CONTACT INFO: Email: _____

Home Phone: (____) _____ Cell: (____) _____

Emergency Contact: Name: _____ (____) _____

Camper Rates	FC	LDW
Adults (age 13+)	\$215	\$115
Children (age 6-12)	\$160	\$85
Children (5 and under)	Free	Free

Family Discount:

Family Camp-
 \$700 max total per family (Air Side)
 \$550 max total per family (Non Air Side)

LDW Retreat-
 \$375 Max Per Family (Air Side)
 \$300 Max. per family (Non Air Side).

Total Adults ____ x \$ ____ =	\$
Total Children ____ x \$ ____ =	\$
Total Children (5 and under) ____ =	\$
— Family Discount (see rules)	\$
Total Cost of Camp	\$
— Rollover from last year	\$
— Amount Enclosed <small>(\$125 registration fee required)</small>	\$
= Balance Due on Arrival	\$

PAY WITH CREDIT CARD

Type: _____ Number: _____

CVC Number: (located on back of card) _____ Expiration Date: _____

IF YOU WOULD LIKE US TO FIGURE YOUR FAMILY DISCOUNT OR TOTAL AMOUNT DUE, JUST LET US KNOW. WE'RE HAPPY TO HELP! FEEL FREE TO CONTACT US AT 309-367-4651 OR ON THE WEB AT WWW.MANITOUUMI.COM.

2010 REGISTRATION FOR FAMILY CAMP ONLY

Last Name: _____

- Family Camp (FC) RV Site
 HomeSchool Retreat (HS) Cabin _____
 Labor Day Weekend (LDW) (cabin requests are not guaranteed)

All Family Members Attending:

- _____ Adult Teen (13+) Child (6-12) Preschooler (3-5) Baby (to age 2)
 _____ Adult Teen (13+) Child (6-12) Preschooler (3-5) Baby (to age 2)
 _____ Adult Teen (13+) Child (6-12) Preschooler (3-5) Baby (to age 2)
 _____ Adult Teen (13+) Child (6-12) Preschooler (3-5) Baby (to age 2)
 _____ Adult Teen (13+) Child (6-12) Preschooler (3-5) Baby (to age 2)
 _____ Adult Teen (13+) Child (6-12) Preschooler (3-5) Baby (to age 2)

Address: _____

City/State/Zip: _____

Home Church: _____ City: _____

CONTACT INFO: Email: _____

Home Phone: (____) _____ Cell: (____) _____

Emergency Contact: Name: _____ (____) _____

Camper Rates	FC	HS	LDW
Adults (age 13+)	\$215	\$90	\$115
Children (age 6-12)	\$160	\$70	\$85
Children (5 and under)	Free	Free	Free

Family Discount:
 Family Camp~
 Take \$10 off per person when paid in full by June 1.
 \$700 max total per family
 HS Retreat~
 Take \$5 off per person when paid in full by July 1.
 \$290 max total per family
 LDW Retreat~
 Take \$5 off per person when paid in full by August 1.
 \$375 max total per family

PAY WITH CREDIT CARD

Type: _____ Number: _____

CVC Number: (located on back of card) _____ Expiration Date: _____

IF YOU WOULD LIKE US TO FIGURE YOUR FAMILY DISCOUNT OR TOTAL AMOUNT DUE, JUST LET US KNOW. WE'RE HAPPY TO HELP! FEEL FREE TO CONTACT US AT 309-367-4651 OR ON THE WEB AT WWW.MANITOUMI.COM.

2010 REGISTRATION FOR YOUTH

WHICH CAMP?
(circle one)

Camper Name: _____

Sex: M F Grade Completed: _____ Birthdate: _____

Junior 1

Address: _____

Junior 2

City/State/Zip: _____

Junior High

Home Church: _____ City: _____

Senior High

CONTACT INFO: Email: _____

Home Phone: (____) _____ Cell: (____) _____

Other Emergency Contact: Name: _____ (____) _____

Desired Cabinmate: _____

(cabins will be assigned before arrival, depending on requests and cabin capacity)

HEALTH RECORD & RELEASE

Child lives with Both parents Father Mother Other _____

Father's Full Name: _____

Mother's Full Name: _____

Insurance Company: _____ Policy #: _____

Please mark any conditions which affect your child:

- ADD/ADHD Asthma Diabetes
 Bee sting allergy Epilepsy
 Food Allergy (list) Other (please list)

MEDICATIONS TAKEN REGULARLY (All meds must be in original pharmacy container, labeled with camper's name. Camp nurse will keep and administer all meds. Use extra paper if necessary. List med, dosage, time given.)

Cost of Camp	\$
— New Friend Discount <small>(\$10, see rules)</small>	\$
Friend(s) Name: _____	\$
— Family Discount <small>(applies to 3rd camper and more only, see rules)</small>	\$
+ Late Fee <small>(\$20 if not registered 3 weeks prior to camp)</small>	\$
Total Cost of Camp	\$
— Amount Enclosed <small>(\$40 registration fee required)</small>	\$
= Balance Due on Arrival	\$

PAY WITH CREDIT CARD

Type: _____ Number: _____

CVC Number: (located on back of card) _____ Expiration Date: _____

CAMPER & PARENT/GUARDIAN: PLEASE READ BEFORE SIGNING. Parent/Guardian Consent: "I give consent for my child to receive emergency medical care if deemed necessary. I understand that camp carries secondary medical insurance only, which means claims must be submitted to my insurance carrier first. I certify that my child has permission to attend camp and participate in all activities including swimming and horseback riding. (Any exceptions are noted.) I realize that my camper's picture or testimony may be used in the promotion of the camp, unless I have attached written instructions otherwise. I have read and understood the policies presented in this brochure." **Regarding Senior High Campers Only:** "I give permission for my senior high camper to attend off-campground activities when supervised by authorized personnel." **Camper's Consent:** "I have read and understood the guidelines presented in the brochure and agree to abide by the regulations of the camp."

Camper Signature & Date

Parent/Guardian Signature & Date