



Camper Registration Form

VICK AND PATHFINDER CAMP AND CONFERENCE MINISTRIES

PO Box 559 · Manlius, NY 13104
574-302-2006

**Please type or print all information with blue or black ink
One camper per form, please**

CAMPER:

Camper's Name _____

Last Name

First Name

Middle Initial

(CIRCLE ONE) **Male** **Female** Date of Birth _____

Current Age _____ Grade entering in September* _____

* This is the grade used to determine appropriate placement for your camper)

Home Address _____
Street/PO Box, City, State, Zip

Mailing Address (if different) _____
Street/PO Box, City, State, Zip

Church _____ Region/Association _____

PARENT/GUARDIAN:

Name(s) _____

Email Address _____

Home Phone # (____) ____ - _____ Cell Phone # (____) ____ - _____

Work Phone # (____) ____ - _____ Other Phone # (____) ____ - _____

I would like to receive my camper's paperwork by: _____ EMAIL _____ MAIL

EMERGENCY CONTACT:

Emergency Contact Name(s) _____ Relation to Camper _____

Home Phone # (____) ____ - _____ Cell Phone # (____) ____ - _____

Work Phone # (____) ____ - _____ Other Phone # (____) ____ - _____

REGISTER FOR FIRST SESSION:

Session Name _____ Session Date _____

Bunk Mate Request (Limit One/NOT a sibling/Must be attending the same themed session.) _____

REGISTER FOR SECOND SESSION: if desired

(CIRCLE ONE)

Session Name _____ Session Date _____

Bunk Mate Request (Limit One/NOT a sibling/Must be attending the same themed session.) _____

PLEASE TURN OVER

PARENT/GUARDIAN PHOTO/VIDEO PERMISSION:

I give my permission for photographs and/or videos to be taken during the camp experience to be used for promotional purposes: _____ YES _____ NO Please note: NO SIGNATURE INDICATES CONSENT

Signed _____

Registration Deadline: TWO WEEKS prior to camping session

- Registration form must be completed in order to be registered for camp
- FULL PAYMENT is due 14 days before the beginning of camp session
- Limited scholarships are available. Please call 574-302-2006 or email vpccministries@gmail.com for more information
- There will be a \$25 fee for any bounced/returned checks

FEES	Amount
Session 1 Name _____	\$
Session 2 Name _____	\$
Late Fee: Add \$25 if registering less than 14 days before a camping session begins	\$
SUBTOTAL: Total fee for camping sessions	\$

DISCOUNTS	Amount
<ul style="list-style-type: none"> • Discounts do not apply to Leadership Training (LIT) or Beginners Camp • You may combine up to two discounts per camper per summer not to exceed \$50. 	
\$25 Early Registration Discount <ul style="list-style-type: none"> • Register and pay in full for one week-long session by May 15th to qualify • Applies once per summer per camper 	\$
\$25 Buddy Discount <ul style="list-style-type: none"> • Registration and payment must be sent in together • Campers must be attending the same session to qualify • Applies once per summer per camper 	\$
\$25 Sibling Discount <ul style="list-style-type: none"> • Must have more than one child attending a week-long camp session to qualify • Applies once per summer per camper 	\$
DISCOUNT TOTAL:	\$

Subtotal from above (red box)	\$
Discounts from above (green box)	\$
Total due (red subtotal minus green discounts)	\$
Amount paid with registration (Minimum of \$75.00 NON-REFUNDABLE deposit)	\$
Balance due	\$

Make checks payable to:
 Vick and Pathfinder Camp and Conference Ministries (or VPCCM)
 PO Box 559 Manlius, NY 13104
 Phone: 574-302-2006 Email: vpccministries@gmail.com