



# Camper Registration Form

## VICK AND PATHFINDER CAMP AND CONFERENCE MINISTRIES

PO Box 559 • Manlius, NY 13104

315-692-4862

**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) \_\_\_\_\_ Camper's Email (if applicable) \_\_\_\_\_  
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 315-692-4862 or email [vpccministries@gmail.com](mailto: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 _____	\$
<b>Late Fee:</b> Add \$25 if registering less than 14 days before a camping session begins	\$
<b>SUBTOTAL:</b> Total fee for camping sessions	\$

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

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)	\$
<b>Balance due</b>	\$

**Make checks payable to:**

Vick and Pathfinder Camp and Conference Ministries (or VPCCM)  
PO Box 559 Manlius, NY 13104  
Phone: 315-692-4862 Email: [vpccministries@gmail.com](mailto:vpccministries@gmail.com)