DAY CAMP REGISTRATION FORM

REGISTER ONLINE @ BAYSHORECAMP.ORG/DAYCAMPOTR

CAMPER NAME: _____ NICKNAME(OPTIONAL): _____

CAMPER BIRTHDATE: ____/____/____ GRADE: _____ IN SEPTEMBER 2020 MALE ☐ OR FEMALE ☐

PARENT'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ PARENT'S CELL PHONE: _____

HOME CHURCH: _____ EMAIL: _____

NAME OF CAMP: _____ EVENT #: BSC _____ START DATE: _____

LIST TWO BUDDIES (OPTIONAL) 1. _____ 2. _____

Must be signed: IN AN EMERGENCY, I grant permission to Bay Shore Camp to secure emergency, surgical treatment, and/or routine medical care for the person named on this form while at camp. Permission is also given for participation, transportation, and use of images for camp publicity.

please sign here: _____ *(signature of parent/legal guardian or camper that is 18 or older)*

Cost of DAY CAMP: $159

(check one)

☐ I am enclosing **CASH** in the amount of $_____.00

☐ I am enclosing a **CHECK** for the amount of $_____.00 ***(Make check payable to BAY SHORE CAMP)***

☐ I am paying with a **CREDIT/DEBIT** card (check one): ☐ VISA ☐ MasterCard ☐ DISCOVER

Card #: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Exp. Date: ____/____ Security Code: ☐☐☐

Cardholder Signature: _____

Registration and Health form are *required* with this registration form.