

REGISTRATION FORM

REGISTER ONLINE @ BAYSHORECAMP.ORG

CAMPER NAME: _____ NICKNAME(OPTIONAL): _____

CAMPER BIRTHDATE: ____/____/____ GRADE: _____ IN SEPTEMBER 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: _____

T-SHIRT SIZE: YS YM YL S M L XL OTHER: _____

TWO BUNK BUDDIES MAY BE REQUESTED: 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)

See instructions on registering via this form or by our website inside this brochure.
If you qualify, Membership Church Discounts will be applied at the time of registration.

Cost of Camp: \$ _____

- Discounts
Check all that apply.
See discounts page for details.
- First Time Camper(-\$50 or \$25) _____
 - Bring a Friend(-\$50 or 25 ea.) _____
 - Second Child(-\$20) _____
 - Third(+) Child(-\$30) _____

List friends:

Cost of Camp with discount(s): \$ _____

(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: _____