



:: Summer Camp Registration Form

Mail completed registration form and check to:

Crestfield Camp and Conference Center
195 Taggart Road
Slippery Rock, PA 16057

Date: _____

:: Camper Information ::

Last Name: _____ First Name: _____

Date of Birth: _____ Grade Completed in Spring 2012 _____ Gender: M / F

Address: _____ City: _____ State: _____ Zip: _____

Parent Email: _____ Camper Email: _____

Parent/Guardian _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Cabin Mate Request (1): _____ Cabin Mate should be within 1 grade (+ or -) of registering camper

Are you a first-time camper at Crestfield? Y / N

Church Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Do you anticipate the church to help pay? Y / N How Much? _____

1st Choice Camp: _____ Start Date: _____ End Date: _____

2nd Choice Camp: _____ Start Date: _____ End Date: _____

:: Will you be asking for campership support (scholarship) from Crestfield? Yes If so, please see website or call for form.

:: A \$50.00 non-refundable deposit is due at registration. :: Total to charge: _____

Credit Card Type (MasterCard and Visa accepted): _____

Credit Card #: _____ Expir Date: _____

:: Campership Contribution (optional): \$5 \$10 \$15 \$20 \$25 \$50

Crestfield annually awards over \$10,000 in camp scholarships to children who do not have access to monies for camp. Please help make the summer camp experience a reality for as many of God's children as possible.

:: How would you like to receive camp information? _____ Brochure _____ Postcard _____ Email _____ by Mail