



REGISTRATION FORM

Register online at www.crestfield.net
724-794-4022

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Birthday _____ Gender Male Female Grade Completed _____

Cabin Mate (1) _____ Are You a first-time camper at Crestfield? Yes No
(cabin mate should be within 1 grade (+ or -) of camper you are registering.)

Parent/Guardian _____

Home Phone _____ Cell Phone _____

Relationship _____ Work Phone _____

Emergency Contact _____ Home _____

Contact Relationship _____ Work Phone _____

Name of Church _____

Church Address _____

City _____ State _____ Zip _____

Do you anticipate the church help pay? Yes No 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 No
If so, please see website or call for form.

Is your child eligible for free or reduced lunches through your child's school district? Yes No

School District _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

Information will be kept confidential

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.