

CAMP REGISTRATION FORM SIDE 1

Please note: You may register online at www.dakcamps.org. Or you may register by mail by completing this form and mailing it and your deposit to: Dakotas UM Camping Office, P.O. Box 460, Mitchell, SD 57301. Registration also may be faxed to 605-996-1766. Questions? Call 605-990-7780 or e-mail info@dakcamps.org.

Part 1: Camper Information

Full name: _____ Mailing address: _____
Grade completed as of June 2017 (if under 19): _____ City: _____
Birth date: _____ State: _____
 Male Female Zip code: _____
Cell phone: _____ Home phone: _____ Home e-mail: _____

Part 2: Camp Information

Please send ALL my camp materials and information via

Regular mail only E-mail only

Preferred e-mail address _____

Please enroll me in

Camp name: _____

Dates: _____

Church name: _____

Are you using a church discount? Yes No Church Code: _____

Name of church offering the discount if different from above? _____

Roommate request: _____

Part 3: Parent/Guardian/Emergency Information

Guardian 1 full name: _____

Guardian 1 work #: _____ Guardian 1 cell #: _____ Guardian 1 e-mail: _____

Guardian 2 full name: _____

Guardian 2 work #: _____ Guardian 2 cell #: _____ Guardian 2 e-mail: _____

Emergency contact (must be different than guardians)*:

Name: _____ Work phone: _____ Home phone: _____

Cell phone: _____ Relationship: _____

Signature of guardian is required if under 18: _____

Part 4: Camper's Needs

Camper's dietary needs: None Yes (Please list): _____

(Examples: food allergies, restrictions, vegetarian, lactose intolerance, etc.)

Help us understand your camper's needs (disabilities, injuries, health issues, etc.). Check all that apply:

- | | | | | |
|--|--|---------------------------------------|---|---|
| <input type="radio"/> ADD | <input type="radio"/> Anxiety/depression | <input type="radio"/> Diabetes | <input type="radio"/> Genetic syndrome | <input type="radio"/> ODD |
| <input type="radio"/> ADHD | <input type="radio"/> Aspergers | <input type="radio"/> Eating disorder | <i>(e.g. Down Syndrome)</i> | <input type="radio"/> Physical disability |
| <input type="radio"/> Allergies (seasonal) | <input type="radio"/> Asthma | <input type="radio"/> EBD | <input type="radio"/> Learning disability | <input type="radio"/> RAD |
| <input type="radio"/> Allergies (other) | <input type="radio"/> Autism | | <input type="radio"/> OCD | |

Other info—please attach additional information if needed: _____

*Required

(605) 990-7780 or dakcamps.org

CAMP REGISTRATION FORM SIDE 2

Part 5: Bus information

A cross-state bus is only offered to Storm Mountain the weeks of June 18, July 9 and July 23.

Please have the bus stop and pick me at _____.

Please have the bus drop me on my return at _____.

There are no refunds for the bus once you sign up. The bus schedule and fees can be found on the website at www.dakcamps.org.

Part 6: Camp Cost and Payment Information

Note: When registering for camp we require a \$50 deposit for a camp that is two nights and \$100 for camps that are three nights of more.

Cost of camp:	\$	_____
Bus fee:	\$	_____
**Early bird discount:	\$	_____
Church discount amount	\$	_____
Donation to camperships (optional)	\$	_____
TOTAL:	\$	_____

***Early bird discount is \$5 off per night. For Example a two night camp would be \$10 off and a five night camp would be \$25 off.*

Comments: _____

Checks: Make checks payable to Dakotas UM Camping.

Credit Cards: Please complete the information below. Additional payments can be made by calling the camping office at (605) 990-7780.

Visa MasterCard Card number: _____ Exp. date (MM/YY): _____

Discover Amount to charge: \$ _____ 3-digit verification code _____
(on back of credit card by signature)

Signature: _____

Part 7: Campership Request

It is the position of the Camp and Retreat Council that no potential camper be turned away from having an annual camp experience because of a personal lack of funds. Because of our limited funds, we seek to provide campership grants based on individual and family needs. Our expectation is that your local church, personal funds, and conference support will combine to cover the registration costs. Campers with no connection to a local church may contact the camping office for information on support options. Apply online at www.dakcamps.org/scholarships or check below. If you check below, we will send you a campership application that you must fill out and return to the camping office.

I will need a campership in the amount of \$ _____ to go to camp this year.

Please send me a campership application via: Regular mail E-mail

Part 8: Register for Camp in One of Four Ways:

1. Send form to**: Dakotas UM Camping
PO Box 460
Mitchell, SD 57301
2. Register online at: www.dakcamp.org
3. Call the Dakotas UM office at (605) 990-7780
4. Fax form to: (605) 996-1766

**Don't forget to send in your \$50 or \$100 deposit when you register.