

Camp-Cation! 2010 Registration Form

One camper program registration per sheet please.

Additional registration forms may be downloaded from www.canonicus.org or requested by calling 294-6318.

Contact Information

Camper Name: _____

Parent/Guardian Contact Name: _____

Address: _____

City/Town _____ State: _____ Zip: _____

Email Address: _____

Program Cost Information

Please circle each day camper will attend. Cost is \$40 per day and includes lunch & snack.

Dates of Attendance: **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

AM CARE Option ~ Drop Off begins at 8:15 AM

AM Care: () NO () YES **M T W Th F** (Please add \$5 per day, per child to your total)

COSTS: _____ # days x \$40 per day for Program = _____

_____ # days x \$5 per day for AM Care = _____

Total Program Cost = _____

A deposit of 50% of total program cost is needed to reserve a place for your child at CAMP-CATION!

Payment Options

1. Check Amount Enclosed: \$ _____ Check #: _____

Please make all checks payable to: **ABCORI** (American Baptist Churches of RI)

2. Visa/MasterCard/Amex (You have the option of calling the Registrar to provide information via phone.)

Card Number: _____ 3 Digit Sec.# _____

Expiration Date: _____

Card Holder's Signature: _____

Amount \$ _____

Church Affiliation (optional)

Church name _____ Church phone: _____

Church address _____

Pastor's name: _____

Will your congregation be offering financial assistance for this camper? yes () no ()

If yes, in what amount? \$ _____ Authorizing Signature _____

Additional Camper Information

Camper information

Camper's Name: _____ Date of Birth: _____

Age: _____ Current Grade: _____ (as of January 2010)

Female () Male ()

Parent/Guardian Information

Primary contact

Name: _____

Relationship: _____

Address: _____

Phone Numbers

Home: _____

Work: _____

Cell: _____

Secondary contact

Name: _____

Relationship: _____

Address: _____

Phone Numbers

Home: _____

Work: _____

Cell: _____

Emergency Contact

Please provide one additional contact (non-guardian) in case of emergency

Name: _____

Relationship: _____

Phone Number: _____

Photo Release

() I do not wish any photo's taken of my child to be used in promotional materials or displayed on the Canonicus website.

Refunds: 50% refunds of total cost of camp program will be given for cancellations made within 3 weeks before start of program only in case of illness and must be accompanied by a physician's note. Your 50% deposit is NON-REFUNDABLE.

Mail all registrations and payments to: CAMP-CATION! - ABCORI - PO Box 330 - Exeter, RI 02822