

2018 Adult Camper Registration Form

MAIL THIS FORM TO:
23125 Thunderhead Falls Rd.
Rapid City, SD 57702

Name: _____

Street Address:

_____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____

Phone: _____ - _____ - _____

DOB: ____/____/____ **Gender:** _____

T-shirt Size: _____

Church affiliation: _____

Please refer to the camp description and transportation information in the brochure or web site to complete the following:

Camp attending: _____

Tier Selection: _____

Total fees: _____

Paid by camper: _____ **Paid by other:** _____

Please carefully read the following statements:

I will notify the camp if I am exposed to any communicable disease (strep throat, mono) during the three week period prior to attending camp.

I give permission for photographs of myself to be used in camp publicity.

I understand cancellations less than two weeks before camp starts will result in forfeiture of all camp fees. Cancellations before two weeks prior to camp will be refunded fees paid less than \$40 handling charge per registration.

CAMPER: I agree to follow the guidelines and policies of the Presbytery of South Dakota Camps, and will demonstrate Christian respect for the facilities, the staff, and my fellow campers.

Signature

Date

