Summer Camp 2010 Registration Form

Carson-Simpson Farm Christian Center • csfarm@aol.com
3405 Davisville Road, Hatboro, PA 19040 • 215.659.0232 • Fax: 215.659.5129

CAMPER INFORMATION: Please PRINT and use a SEPARATE form for each camper. This form may be copied as needed.

Camper's Last Name _____ First Name _____ M.I. _____ ❒ Male ❒ Female

Street Address _____ City _____

State _____ Zip _____ Home Telephone ( ) _____ Birthday _____ /_____ / _____

Church Name and Town _____ Grade Completed by June 2010 _____

Email _____ School Name: _____ School District: _____

Name of Father/Guardian (circle) _____ Home Tel. ( ) _____ Work Tel. ( ) _____ ext. _____

Name of Mother/Guardian (circle) _____ Home Tel. ( ) _____ Work Tel. ( ) _____ ext. _____

How did you find out about Carson Simpson? _____

EVENT # (ex. 901E)	EVENT NAME (ex. Day Camp Extended)	DATES	EVENT # (ex. 901E)	EVENT NAME (ex. Day Camp Extended)	DATES	EVENT # (ex. 901E)	EVENT NAME (ex. Day Camp Extended)	DATES

SCHOLARSHIP REQUEST *If you are requesting a scholarship, please sign below and attach a short letter explaining your reason for scholarship need.*

I request a Scholarship for Summer Camp 2010 for _____ (name of camper)

(Signed by Pastor, Parent, Guardian or Sponsoring Agency Representative) _____

- I give my permission for _____ to attend the above listed 2010 summer camp event(s) with the Eastern PA Conference-UMC/Carson-Simpson Farm. I understand that part of the camping experience involves activities, arrangements and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he or she is familiar with these rules and will obey them.
- I acknowledge my responsibility for payment of all fees in full to Carson-Simpson Farm, **THE MONDAY BEFORE THE START OF THE EVENT.**
- I understand a late fee of $10.00 will be charged if payment is not received on time.
- Upon signing, permission has been granted to Carson-Simpson Farm to use photos and video images of the camper for publicity purposes. This could include, but is not limited to brochures, flyers, newspaper, and use on the camp website. If you do not agree to this, you must make your request known in writing at the time of registration.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

(Grandparents or other relatives may not sign unless they are the legal guardian of the camper).

Payment Info.

Please make checks payable to Carson-Simpson Farm
Please pay full amount or $50 minimum deposit for each event.

PAYMENT

Camper Fees/Deposit $_____

My tax deductible donation to support the ministry of CSF $_____

Total Payment $_____

PAYMENT METHOD

❒ Check ❒ Money Order

❒ Other _____

❒ Discover ❒ Mastercard ❒ VISA

Card # _____

Exp. date _____

_____
(SIGNATURE)

CHURCH PAYMENT

❒ Check enclosed ❒ Camp Cash enclosed

❒ Check expected ❒ Camp Cash expected

AMOUNT $ _____

_____
(SIGNATURE/CHURCH REPRESENTATIVE)