



SPRING HEIGHTS 2015  
SUMMER CAMP REGISTRATION FORM

**» REMINDER**  
You can register online  
At [springheights.org](http://springheights.org)

PAYMENT:  Church  Personal  
 PayPal  Check # \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

OFFICE USE ONLY

CAMPER INFORMATION			
Camper Name:		Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Local Church:		Grade 2014-15 school year: _____
Camper Street Address:		I have attended camp _____ times.	
City:	State:	ZIP Code:	
I live with: <input type="checkbox"/> Parent/Guardian #1 <input type="checkbox"/> Parent/Guardian #2 <input type="checkbox"/> Both <input type="checkbox"/> Other: _____			
PARENT/GUARDIAN INFORMATION			
Parent/Guardian #1 Name:		Parent/Guardian #2 Name:	
Address(if different from camper):		Address(if different from camper):	
City, State, ZIP:		City, State, ZIP:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Cell Phone:	Email:	Cell Phone:	Email:
Occupation:		Occupation:	
CAMPER PROGRAM CHOICE <i>Please indicate both a first and second choice in case your first choice is full.</i>			
1 <sup>st</sup> Choice Program Name:		2 <sup>nd</sup> Choice Program Name:	
Dates of my choice:		Dates of my choice:	
PARENT/GUARDIAN CONSENT <i>My signature indicates that I understand and agree to the terms and conditions below.</i>			
» Parent/Guardian Signature:			Date:
<p><b>Terms &amp; Conditions:</b> Additional details regarding camp policies and procedures are available on our web site at <a href="http://www.springheights.org">www.springheights.org</a>, as well as in the confirmation materials (received after registering), or by contacting the camp. Campers under 18 years of age in any camp must present on arrival a Health History and Examination Form signed by a physician and a parent or legal guardian. In event of accident/illness, the camp administration has permission to secure emergency medical care as needed until the parent/guardian can be reached. Spring Heights is not responsible for injuries, damages, or loss due to accidents. All fees must be paid in full two weeks prior to arrival at camp. Permission is granted to use photos of campers in the closing program, the web site, the souvenir disk, group photos and marketing materials and promotional pieces. It is the parent's responsibility to inform the Camp Director of any restrictions regarding who may pick up or transport the camper.</p>			
PAYMENT INFORMATION <i>Important note: a \$100.00 deposit is required to hold your spot.</i>			
Tier Price (Circle One):	A    B    C	Chosen Tier Price: \$ _____	Amount Enclosed: \$ _____
Total Amount Parent/Guardian is Paying: \$ _____		BALANCE DUE (if any): \$ _____	
Total Amount Church is Paying: \$ _____		<i>I would also like to donate this amount to the ministry of Spring Heights. Amount: \$ _____</i> (Please send separate check marked "donation" in memo line.)	
CHURCH PAYMENT AGREEMENT (Only completed if applicable):			
This section to be <b>completed by churches</b> providing all or part of a camper's fees <b>IF</b> those fees have not been included with the registration. By signing below, the pastor agrees that his/her church will remit to the conference treasurer the amount indicated above in the "Total Amount Church is Paying" blank. <b>NEW THIS YEAR:</b> Full payment is required PRIOR to the camper's arrival at camp. Please send full payment with registration when at all possible.			
Church Name & City:		Phone Number:	
Pastor's Name (printed):		» Pastor's Signature:	

**IMPORTANT** - Please mail this form & all payments to:  
 Conference Treasurer  
 ATTN. Camp Registration  
 P.O. Box 2469  
 Charleston, WV 25329

**Questions?** Contact Spring Heights by phone: 304.927.5865 or by email: [info@springheights.org](mailto:info@springheights.org). Visit us online at [springheights.org](http://springheights.org). Thank you for choosing Spring Heights!