



Office Use:

Blank box for office use.

PLEASE COMPLETE ALL SECTIONS BY PRINTING CLEARLY.
A SEPARATE REGISTRATION FORM IS NEEDED FOR EACH STUDENT

OVERNIGHT / ADVENTURE CAMP REGISTRATION FORM

STEP 1: CAMPER INFORMATION (PLEASE PRINT CLEARLY)

Name, Birthdate, Age, Gender, Church, School Name, Grade Completed, Mailing Address, City, State, Zip, Home Phone, Household Email Address, Parent/Guardian Name, Cell Phone, T-Shirt Size, Youth/Adult options.

STEP 2: CAMP WEEKS & ELECTIVES (BY GRADE COMPLETED)

Mark the appropriate camp week below. Your child will get 4 electives during the week for Overnight Camp. Choose 6 and number them 1-6 in order of preference in order to "vote" for electives.

Overnight Camp options (Teen, Middle School, Elementary) and Vote for Electives list (Air Riflery, Archery, Art, Basketball, Biking, Baking, Fishing, Hiking, Sign Language, Singing, Skits, Soccer, Volleyball, Woodworking).

ROOMMATE REQUEST (only one): Note: This is a request, not a guarantee

Adventure Camp Registration DEADLINE is 2 weeks before Adventure Camp! There must be a minimum of 10 registered for the session. Teen Adventure (Gr 7-12) options.

STEP 3: FINANCIAL INFORMATION

OVERNIGHT CAMP \$225 per week +, ADVENTURE CAMP \$150 + (additional fee for off-site activity due at confirmation)

DISCOUNTS: Max. disc. = \$150 for Overnight & \$75 for Adventure. Early Registration discount, Released Time Coupons, Mailbox Club Coupons, Multi-student discount.

Total Due, Deposit (\$75 is non-refundable minimum) Required with registration, Balance Due at Check-in. Checks / money orders made payable to: CBM of SWPA. Scholarships are available.

- I give permission for my child to attend Camp Cornerstone for the dates specified above.
I give permission for Camp Cornerstone to use any photographs or video recordings of my child for promotion.
I understand that my child may be transported off of Camp Cornerstone property for camp activities that are noted in the camp brochure or confirmation letter/ email for the appropriate camp week.
Dietary Restrictions/Needs:

Parent / Guardian Signature Date

Please mail or hand deliver the completed Registration Form, Medical Release Form, and deposit to: CBM of SWPA, 381 Willis Rd, Jefferson, PA 15344. If you have questions, please call 724-966-9157; or email campreg@cbmswpa.org

Office use only. Payments: Date, Cash/Ck #, Amt. Payee (if other than parent) / Attach Sch App. Pd in Full Initials Date.