



Office Use:

PLEASE COMPLETE ALL SECTIONS BY PRINTING CLEARLY!  
YOU MUST USE A SEPARATE REGISTRATION FORM FOR EACH STUDENT

## CAMP EVENT REGISTRATION FORM

### STEP 1: CAMPER INFORMATION (PLEASE PRINT CLEARLY)

Camper Name \_\_\_\_\_ Gender  Female  Male

Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ School Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ \*Household Email Address \_\_\_\_\_

Parent / Guardian Name (PRINT) \_\_\_\_\_ Cell Phone \_\_\_\_\_

**\*By entering an email address I agree to receive camp registration confirmation  
and information via email; nothing will be received via USPS!**

### STEP 2: CHOOSE CAMP EVENT (CURRENT GRADE)

**1:00pm Saturday to 1:00pm Sunday**

#### GRADES 2-6

Overnight Jan. 13—14, 2024  Saturday Jan 13 ONLY  
1:30—6:30pm Saturday

#### Grades 7-12:

Overnight Mar 16—17, 2024  Saturday Mar 16 ONLY  
1:30—6:30pm Saturday

#### Roommate Friend Request

Please choose ONE friend you know is registering to room with:

### STEP 3: FINANCIAL INFORMATION

Overnight Event Fee—\$25.00 \_\_\_\_\_

Saturday ONLY—\$10.00 \_\_\_\_\_

**\*Checks / money orders made payable to:  
CBM of SWPA**

- 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 give permission for my child to participate in all camp activities.
- Dietary Needs \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Office use only

Payments:

Date \_\_\_\_\_  C/Ck # \_\_\_\_\_ ; Amt \_\_\_\_\_

Payee (if other than parent)

\_\_\_\_\_

Pd in Full  Initials \_\_\_\_\_ Date \_\_\_\_\_

Please mail or hand deliver the completed Registration Form and fee to:  
CBM of SWPA, 381 Willis Rd, Jefferson, PA 15344

If you have questions, please call 724-966-9157; or email [office@cbmswpa.org](mailto:office@cbmswpa.org)