



Office Use:

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

OVERNIGHT / ADVENTURE CAMP REGISTRATION FORM 2024

STEP 1: CAMPER INFORMATION (PLEASE PRINT CLEARLY)

Name Birthdate Age Gender Female Male
Church School Name Grade Completed
Mailing Address City State Zip
Home Phone Household Email Address
Parent / Guardian Name (PRINT) Cell Phone

\*\*Register by June 1st to receive a \$15 discount \*\*

STEP 2: CAMP WEEKS & ELECTIVES

Mark the appropriate camp week below.
Your child will get 4 electives during the week for Overnight Camp.
Campers will sign up for electives on the 1st night of camp.
(first come, first served, all electives are not guaranteed)

Overnight Camp
By Grade Completed

Teen Camp (Gr 7-12)

July 14-19

Elementary Camp (Gr 2-6)

#1-July 7-12

#2-July 21-26

Camp Electives

- Air Riflery Legos / Puzzles Photography
Archery Singing / Skits Sports
Art Sign Language
Baking Hiking Woodworking
Biking (bring own bike, no training wheels)
Fishing (bring own pole)

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. You will receive a
confirmation email that the event is indeed happening 2 weeks before the event.

Teen Adventure (Gr 7-12) June 30-July 3 (register by June 15)

Check if you have your own tent or hammock to bring:

Tent (sleeps) Hammock & Tarp (for rain)

STEP 3: FINANCIAL INFORMATION

OVERNIGHT CAMP \$295 per week +
ADVENTURE CAMP \$200 +
(additional fee for off-site activity due at confirmation)

DISCOUNTS:

Max. disc.= \$195 for Overnight & \$100 for Adventure

Early Registration discount -
(\$15 if registered by June 1)

Released Time Coupons -
(\$25 per coupon)

Mailbox Club Coupons -
(\$25 per coupon)

Multi- student discount -
\$25 for 2+ from immediate family

Please mail all coupons with registration

Total Due \$

Deposit (\$100 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 office@cbmswpa.org

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Payments:

Date Cash/Ck # ; Amt

Date Cash/Ck # ; Amt

Date Cash/Ck # ; Amt

Payee (if other than parent) / Attach Sch App

Pd in Full Initials Date



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# DAY CAMP REGISTRATION FORM 2024

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

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender  Female  Male  
 Church \_\_\_\_\_ School Name \_\_\_\_\_ Grade **Completed** \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ \*Household Email Address \_\_\_\_\_  
 Parent / Guardian Name (PRINT) \_\_\_\_\_ Cell Phone \_\_\_\_\_

**\*\*Please register by June 15th\*\***

\*By entering an email address I agree to receive camp registration confirmation and information via email.

## STEP 2: CAMP WEEK & ELECTIVES

by recent grade completed

**Day Camp (Gr 1-5) : July 1-3**

9am to 4pm each day ( lunch & snack provided)

Your child will get 2 electives during the week for Day Camp.  
Campers will sign up for electives on the first day of Day Camp.  
(first come, first served, all electives are not guaranteed)

### Day Camp Electives

Air Riflery	Sign Language
Archery	Singing / Skits
Art	Sports (basketball/soccer/volleyball)
Hiking	Legos / Puzzles

## STEP 3: FINANCIAL INFORMATION

Day Camp \$30 + \_\_\_\_\_  
 Released Time Coupon - \_\_\_\_\_  
 Mailbox Club Coupon - \_\_\_\_\_  
 Total Due \$ \_\_\_\_\_

Please mail coupons with registration

**FULL PAYMENT IS DUE FOR DAY CAMP UPON REGISTRATION  
PLEASE MAKE CHECK / MONEY ORDER 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 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 payment 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)

### Office use only

Payments:

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

Payee (if other than parent)

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