

CROSSROADS REGISTRATION FORM

Last Name _____ First Name _____ Sex M/F Age _____ Grade Completed 9/10/11/12

Address _____ City _____ State _____ Zip _____ Phone _____

Parents Name _____ Email Address of Parents _____ Email Address of Child _____

CAMP FEES: A non-refundable registration fee of \$100 is required by May 1. Fee for camp is \$345 if registered by May 1; the fee after May 1 is \$370. The \$100 registration fee goes towards the camp fee. Refunds will be given at the discretion of the camp director.

Conference Camperships are available. Forms may be found at placervillecamp.net

Personal Payment _____ Church will pay _____ Name of Church _____

Church Payment _____

\$75 Transportation fee _____ (if applicable)

Total Enclosed _____

TRANSPORTATION The fee for transportation is \$75. This fee is the same for one way or round trip. Please circle the pickup location and the drop off location for your camper.

	<u>Leaving</u>	<u>Returning</u>	Central Standard Time
Sioux Falls First Congregational Church	9:00 am	5:30pm	
Salem I-90 Truck Stop Exit #364	10:00am	4:30pm	
Mitchell Truck Haven Exit #332	10:45am	3:45pm	
Plankinton Coffee Cup Exit #310	11:15am	3:15pm	
Oacoma Amaco/Arby's Exit #260		12:45pm	2:30pm
Vivian Convenience Store Exit # 212	2:00pm	1:15pm	

I agree to participate fully in the program for the camp I choose to attend. I will cooperate with campers and leaders, abide by camp policies and regulations and attend the entire session.

*Cell phones and medications will be turned in to camp staff

* Campers will stay with the group at all times

I have read and understand the above rules.

Camper Signature _____ Pastor's Signature _____

HEALTH INFORMATION

Emergency Contact: _____ Phone #: _____ Cell #: _____

Food Allergies _____

Please list all medications: ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINERS AND MUST BE TURNED IN.

