

2017 Krislund Registration Form

Secure **ONLINE REGISTRATION** available at www.krislund.org (You will be asked for the following info!)

If registering by mail, please complete applicable information 1 thru 7, sign and date the consent area and return this form with check or payment information.

For payment and mailing instructions, please see Page 2 on reverse side.

1 - Family Information

Parent/Guardian Name(s): _____

Address/PO Box _____
City: _____ State: _____ Zip _____
Relationship: _____
Home Phone #: _____
Work Phone #: _____
Cell Phone #: _____
Email: _____

2 - Family Church Information (If applicable)

Church Name: _____
Denomination: _____
Church Contact Name: _____
Church Phone #: _____
Is your church providing a scholarship for the camper's registration fees? Y N
Amount, if known: \$ _____

3 - Camper Information – Camper 1

Last Name: _____ Gender: _____
First Name: _____ M F
Date of Birth: _____
Grade Completed July 2017: _____
First Time Camper: Y N
*1st Choice: _____ Dates: _____
2nd Choice: _____ Dates: _____
**Bunkmate Requested: _____
Cost of First Choice: _____
Early Bird Discount: - _____ (Ends 3-15-17)
Scholarship Amount: - _____ (If Known)
CAMPER 1 TOTAL: _____

*Note: As some camps fill more quickly than others, please list a second choice.

**Note: To guarantee bunkmates, both campers must list each other on their registration forms, and only one bunkmate request will be honored.

Camper Information – Camper 2

Last Name: _____ Gender: _____
First Name: _____ M F
Date of Birth: _____
Grade Completed July 2017: _____
First Time Camper: Y N
*1st Choice: _____ Dates: _____
2nd Choice: _____ Dates: _____
**Bunkmate Requested: _____
Cost of First Choice: _____
Early Bird Discount: - _____ (Ends 3-15-17)
Sibling Discount: - _____
Scholarship Amount: - _____ (If Known)
CAMPER 2 TOTAL: _____

Camper Information – Camper 3

Last Name: _____ Gender: _____
First Name: _____ M F
Date of Birth: _____
Grade Completed July 2017: _____
First Time Camper: Y N
*1st Choice: _____ Dates: _____
2nd Choice: _____ Dates: _____
**Bunkmate Requested: _____
Cost of First Choice: _____
Early Bird Discount: - _____ (Ends 3-15-17)
Sibling Discount: - _____
Scholarship Amount: - _____ (If Known)
CAMPER 3 TOTAL: _____

Note: If you have additional Campers- please attach information on separate sheet.

4 - Amount Due:

Camper 1 Total: _____
Camper 2 Total: _____
Camper 3 Total: _____
Total Payment Due: _____

5 - Payment Information

A \$100 non-refundable deposit is required for full-week camps and \$50 non-refundable deposit for half-week camps. Please make checks payable to 'Krislund Camp'.

Circle One: Visa - Mastercard - Check # _____

Name as it appears on the card: _____

Credit Card #: _____ Expiration Date: _____

Security Code (3 or 4 digits on back of card): _____

Card Holder's Signature: _____

Want to speed up the registration process on the first day of camp and avoid a long line? Pay your camp amount **in full** by the following dates and receive a 'Fast-Pass'!

June 12th - July 8th Camps, pay by June 1
July 10th - August 12th Camps, pay by July 1

6 - Consent (Activities / Photo Release)

In signing this application, I hereby certify that the information given is correct. I have read and understand the information in the camp brochure. I agree to abide by the refund policy and agree to pick my child up early for illness or disciplinary reasons.

I give permission for me/my child to participate in the activities of Krislund Camp & Conference Center recognizing there is an element of risk in any adventure, sport, or activity associated with the outdoors.

I permit my child to leave the grounds of Krislund accompanied by authorized camp personnel for approved out of camp activities, to be transported in camp approved vehicles, driven by camp approved drivers for camp approved activities.

I give permission for the use of photographs and video including me/my camper or articles written by me/my camper to be used in publicity including the Krislund Camp & Conference Center website and internet sites promoting or reporting on Krislund.

Parent or Guardian's Signature _____ Date: _____

7 - Feedback

How did you find out about us? (Circle One)

Church Friend Internet Postcard Mailing Previous Camper Winter Jam

Other _____

Mail checks and registration forms to:

Krislund Camp
PO Box 116
Madisonburg, Pa. 16852