SESSION INFORMATION
Please check week camper will be attending:

___ FIRST CHANCE CAMP | JUNE 16-17 | Grades K-3
  Dean: Carrie Chesnut       Early Registration: $45       Registration: $55
  Parent attending with camper is an additional $45 for early registration or $55 for regular registration.

___ ELEMENTARY SCHOOL CAMP | JUNE 11-16 | Grades 3-5
  Dean: Dan Smith       Early Registration: $195       Registration: $215

___ MIDDLE & HIGH SCHOOL CAMP | JUNE 18/23 | Grades 6-12
  Dean: Allen Gonzalez       Early Registration: $195       Registration: $215

REGISTRATION INFORMATION

PART 1: FEES
Camp cost (see above) $______________
Parent with First Chance + $______________
Canteen (suggested $6/day) + $______________
Mission Donation + $______________
T-Shirt ($15) + $______________

Shirt size:  YXS  YSM  YMED  YLG  S  MED  LG  XL  2XL

PART 2: DISCOUNTS
Sibling Discount (10%) - $______________
Church Scholarship/Discount - $______________
Church Leadership Signature: ________________________________

☐ I qualify for an Angel Tree scholarship

To receive early rates, registration must be postmarked on/before June 3rd, 2023. A minimum $25 deposit is required along with registration. Please make checks payable to Tri-State Christian Camp.

For packing lists and more information, please visit TriStateCamp.org.
CAMPER INFORMATION

Camper's Name: _______________________________________________________
Birth Gender: M / F
Date of Birth: _____/_____/_______ Grade Entering in Fall: ___
Mailing Address: _______________________________________________________
City/State/Zip: _________________________________________________________
Has the child been baptized by immersion? YES / NO
Church attending with: ________________________________________________
Name of parent attending First Chance Camp (if applicable): _________________________

PARENT/GUARDIAN INFORMATION

Parent's Name(s): _______________________________________________________
Mailing address different from camper's? If yes:
Mailing Address: _______________________________________________________
City/State/Zip: _________________________________________________________
Primary Phone: _________________________________________________________
Secondary Phone: _________________________________________________________
Email: _________________________________________________________________
If parent/guardian can't be reached in emergency, contact:
Name: _________________________________________________________________
Relationship to Camper: _________________________________________________
Phone: _________________________________________________________________

MEDICAL INFORMATION

Insurance Carrier: _______________________________________________________
Policy Holder: _________________________________________________________
Policy Number: _____________ Group Number: _____________
Food allergies? If yes, explain:
_____________________________________________________________________
Medical allergies? If yes, explain:
_____________________________________________________________________
Other allergies or medical information:
_____________________________________________________________________
Will the camper be bringing any medications to camp?
___ NO, my camper IS NOT bringing an medication(s)
___ YES, my camper IS bringing medication(s)

All medications must be turned into the nurse at registration.
All medications must be in original containers. Please list
ALL medications, dosages, and times to be given:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Are there any over the counter medications your camper
cannot take?
___ NO.
___ YES. Please list: