

# 2018 Highland Summer Camp Registration Form

- Register online at [www.highlandretreat.org](http://www.highlandretreat.org) (credit card is required), or send completed registration form with a non-refundable, non-transferable deposit for each camper: \$100.00 for weeklong overnight camps or \$60.00 for VBS Day Camp and Lookout Camp. Remaining balance is due at least three weeks prior to camp.
- Make checks payable to Highland Retreat. Mail to 14783 Upper Highland Drive, Bergton, VA 22811.

**Camper:** Full name (First, middle, and last) \_\_\_\_\_

Preferred name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade (fall of 2018) \_\_\_\_\_

Address: Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Mother:**

First and last name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address (if different than camper's address)

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Father:**

First and last name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address (if different than camper's address)

Street \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Emergency Contact:**

First and last name \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address: Street \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Camper lives with:**

Both Parents  Joint Custody  Father  Mother  Other \_\_\_\_\_

This camper qualifies for the \$50 sibling discount

New camper referred by \_\_\_\_\_

**Additional Information:**

School \_\_\_\_\_ City \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_

Denomination/Affiliation \_\_\_\_\_

**Cabin mate requests:** Campers may request up to two cabin mates. Cabin mates must be within a year of each other's age.

Friend's name \_\_\_\_\_ Friend's name \_\_\_\_\_

**T-Shirt Size:**

Youth Small (size 6-8)  Youth Medium (size 10-12)  Youth Large (size 14-16)

Adult Small  Adult Medium  Adult Large  Adult X-Large  Adult XX-Large

**Sessions:** List camp name and/or the dates of the camp you are registering for.

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Does the camper have any chronic or new medical conditions, physical limitations or dietary needs? No Yes

If the answer is "Yes," please identify a good time for our staff to contact you to determine if our camp program is suitable for your child's participation.

OFFICE USE

--	--	--	--