

# 2025 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 Resident, Wilderness, or Navigators Camp, \$60.00 for Mini or Day 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 2026) \_\_\_\_\_

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

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

**Guardian 1:** Relationship to camper \_\_\_\_\_ **Guardian 2:** Relationship to camper \_\_\_\_\_

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

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Address (if different than camper's address) \_\_\_\_\_ Address (if different than camper's address) \_\_\_\_\_

Street \_\_\_\_\_ Street \_\_\_\_\_

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

**Additional Emergency Contact:** (Someone we can contact if we are unable to reach the parents/guardians listed above)

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 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 \_\_\_\_\_

**In the box on the right, please provide any information we need to know about your camper prior to the start of camp, such as:**

- Dietary restrictions or food allergies
- Chronic physical conditions or illnesses
- Mental, emotional, or social needs

*If nothing comes to mind, please write NONE.*

*Continue on back of page if more space is needed.*

**OFFICE USE**

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