



2009 Camper Registration Form
for campers age 7-12

Camper Information

Last Name:
First Name:
Preferred Name:
Birthday:
Gender: F M
Grade Completed at Camp time:
Name of School:
T-Shirt Size: Youth M L Adult S M L XL
(circle one)
How did you hear out about CRS?

Cabinmate Request [LIST ONLY ONE]

Cabinmates must be within one year of same age and mutually requested to be honored.

Please indicate your 1st and 2nd choices of week
Week 1 June 7-13 Week 4 June 28-July 4
Week 2 June 14-20 Week 5 July 5-11
Week 3 June 21-27

Please indicate the total number of weeks your camper will be attending: TOTAL WEEKS

Table with 2 columns: 2009 Rates, 1st Camper/Week, Additional Weeks, \$479, \$455

Weekend Stayover FREE

A nonrefundable, nontransferable deposit of \$100 per week must accompany registration. The balance is due May 1, 2009. Checks should be made payable to "Camp of the Rising Son". No portion of the registration fee is refundable after May 1.

I authorize Camp of the Rising Son to use, distribute and publish any and all photographs, video and/or sound recordings of my child. I realize that the deposit is non-refundable and non-transferable. I understand that if my child leaves for any reason, he or she may not return and that there is no admission after 8 a.m. Monday. I agree to forfeit my child's space at camp without refund if notification of late arrival is not given prior to 5 p.m. on registration Sunday. I authorize the staff of Camp of the Rising Son to provide and/or seek medical treatment for my child while in their care.

Signature of Custodial Parent or Legal Guardian

Date

Parent Information

Father [ ] Check if this is Camper's Address

Last Name:
First Name:
Home Phone:
Work Phone:
Cell Phone:
Email:
Fax Number
Address:
City
State Zip

Mother [ ] Check if this is Camper's Address

Last Name:
First Name:
Home Phone:
Work Phone:
Cell Phone:
Email:
Fax Number:
Address (if different from Father's):
City
State Zip

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