Rising Son Adventures

Astronomy Camp
June 20-26, 2010
Ages 13-16

Camp of the Rising Son is partnering with Rainwater Observatory, a ministry of French Camp Academy, to offer an adventure packed week of astronomy camp. Rainwater is the largest observatory in the region, offering 16 telescopes plus other optical instruments.

Campers will participate in activities at the observatory in the mornings and evenings. There they will learn to use telescopes for observing and photography, build their own telescope, and learn about the discoveries of modern and ancient astronomy. Afternoons will be filled with fun camp activities such as swimming, canoeing, and much more!

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?

_____

2010 Astronomy Camp Rate

$484 1st Camper $460 Additional Campers

Deposit $100 per camper $ _____
This amount will be deducted from the total fee.
Remaining balance due May 1, 2010

Donation for camper scholarship fund $ _____

Total amount enclosed **$ _____**

Please contact the camp office if you do not receive a confirmation within two weeks of sending your registration.

A nonrefundable, nontransferable deposit of $100 per week must accompany registration. The balance is due May 1, 2010. Checks should be made payable to "Camp of the Rising Son". Cancellations must be received at least 2 weeks prior to beginning of camp session to receive refund minus the $100 nonrefundable deposit. No refund for early dismissal except for injury or illness requiring departure.

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 _____

Camper Home Address:

Parent Last Name:_____

Parent First Name:_____

Relationship to Camper:_____

Home Phone:_____

Work Phone:_____

Cell Phone:_____

Email:_____

Fax Number_____

Address:

_____

City

_____

State _____ Zip _____

How do you prefer to receive communication from us? _____ regular mail ____ email

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info@campoftherisingson.com