

REGISTRATION FORM FOR INDIVIDUAL & FAMILY EVENTS

Oregon-Idaho United Methodist Camp & Retreat Ministries

- ◆ All registration must be received at least **two weeks** prior to the start of event.
- ◆ A \$50 deposit is required **unless another amount is indicated in the description**.
- ◆ Deposit is non-refundable.
- ◆ You may fax this form. Include credit card number and expiration date.

Office Use Only

Date Rec'd _____

Date Input _____

Dep Amt _____

Letter Sent _____

Packet Sent _____

Name: _____ Male Female

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Local Church _____ City _____

For youth: Birthdate _____ Completed grade at time of camp _____

Parent/Guardian Name _____

Emergency/Work phone (____) _____

If desired, give the name of one person with whom a camper wishes to share a cabin.

This must be a mutual request. _____

Note to Parents: In order to facilitate carpools, we may release parent's name to other registered campers. We do not sell or distribute address lists to outside persons, however if you do not wish your address shared with other campers contact registrar by email: camping@gocamping.org or call 1-800-593-7539 ext.43

Event Name _____

Latgawa Magruder Sawtooth Suttle Lake Wallowa Lake Other

For Sawtooth Bus: Fairfield Jerome

For Wallowa Lake Adult/Family Events: Deluxe Cabin Rustic Cabin

Arrival Date _____ Departure Date _____

General information:

Make checks payable to: **Conference Treasurer**

Send Registration to: **Camp Registrar**
1505 SW 18th Avenue
Portland, OR 97201

For more information contact Geneva Cook in the camping office:

Inside Portland area: **(503) 226-7931** Toll-free: **1-800-593-7539** ext. 43

Fax number: **(503) 228-3196** e-mail: camping@gocamping.org

Payment

Cost of Event \$ _____*

(Use bottom box for family events)

Add Late fee after May 5th \$ _____

Option Fees
 (Options for selected camps/events. Check catalog descriptions.)

Bus Fee \$ _____

Raft Trip \$ _____

Other _____ \$ _____

Other _____ \$ _____

Optional Gift to Campership Fund \$ _____

Amount Enclosed \$ _____
 (\$50 non-refundable deposit unless otherwise indicated.)

Balance Due \$ _____
 (Two weeks before event starts)

For Family Camp Events

Please put name, gender, birthdate or age (for children & youth) and address (if different from above) for all additional family members or others attending family events together who wish to share facilities.

Name	Birthdate (A=Adult)	Gender	Fee*
1. CAMPER NAMED ABOVE	_____	M F	\$ _____
2. _____	_____	M F	\$ _____
3. _____	_____	M F	\$ _____
4. _____	_____	M F	\$ _____
5. _____	_____	M F	\$ _____
6. _____	_____	M F	\$ _____

Total Family camp fees \$ _____

To pay by Credit Card:

(Visa, Mastercard, or Discover)



Card Number _____

Expiration date _____ \$ _____ Amount to be charged

Printed Name _____

Signature _____

Copy this form for a friend!