



# Camp Blue Diamond

## 2010 Summer Camp Registration Form

### *Be a Hero!*



**To Register:** Please complete both sides of this form and mail to: **Camp Blue Diamond, Camper Registration, PO Box 240, Petersburg, PA 16669**, or fax with credit card information to (814) 667-2152. The fee as determined on the back must accompany this form. Make checks to **Camp Blue Diamond**. One registration form per person, per camp session. Confirmation packets with a health form to be completed by a parent will be sent.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name \_\_\_\_\_

Address:

*#/Street/PO Box*

*City*

*State*

*Zip*

Congregation \_\_\_\_\_

Home Phone: \_\_\_\_\_

Gender: M    F      Age at Camp      Grade completed in 2010      Birth date

Parent/Guardian Name(s) \_\_\_\_\_

Mother's Day Phone \_\_\_\_\_

Mother's Evening Phone \_\_\_\_\_

Father's Day Phone \_\_\_\_\_

Father's Evening Phone \_\_\_\_\_

Mother's Cell \_\_\_\_\_

Father's Cell \_\_\_\_\_

Please email my confirmation packet.    Y    N    (it will be sent to the parent's email address)

Camper's E-mail \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

#### Camp Program Selection - Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choices

	Camp Session	Dates	Cabin-mate request (only one)
<b>1<sup>st</sup> Choice</b>			
<b>2<sup>nd</sup> Choice</b>			

Is this the camper's first time to attend CBD?    Y    N      If no, how many years?

Does the camper have any special medical, dietary, emotional needs? If so, please describe briefly:

What is your child most looking forward to at camp?

Does your child swim?    Y    N      How well?

Other information concerning the camper that would be helpful for the counselor:

What do you hope your child experiences at camp?

## PAYMENT INFORMATION

**Camper Name**Camp Fee \$Deduct Church Portion (if applicable) \$

Congregation

Deduct Scholarship if applicable (complete section below) \$Deduct \$25 for *Bring a Friend to Camp* if applicable (see brochure or website) \$

Name of friend(s):

Deduct \$25 for *Multiple Siblings* if applicable (see brochure or website) \$

Name(s) of siblings:

**Balance Due** -----> **\$**

### Method of Payment

Check for parent's portion enclosed

Check for \$25 enclosed, request extended payments

Visa/MasterCard (Complete the section below)

Card #

Exp. Date

Name on Card (Print)

**Important! Must be signed:** The camper registering for camp agrees to abide by all regulations concerning personal conduct and use of camp property. Should it become necessary for the camper to return home we, the parent(s)/guardian, will abide by camp's decision. We give permission to Camp Blue Diamond to photograph/video our child. Use of photos/video will be limited to camp publications, including the website, and group photos. Signing/typing a parent/guardian name below affirms agreement.

Parent:

## Scholarship Application Form - fill out only if requesting a scholarship from camp.

**PLEASE COMPLETE THIS SECTION IF REQUESTING SCHOLARSHIP AID:** If requesting financial aid, please complete this section. Families must pay at least 10% of the total fee. The family's payment must be sent with the registration form. Separate registration and scholarship forms must be sent for each child. One scholarship per child per summer. Families requesting scholarship aid cannot request "Bring a Friend" or "Multiple Sibling" discounts.

Camper's Name Birth GradeFamily's Total 2009 Income \$ Family's Total Income Last Month \$Ages of all Household Members: Reason Requesting Aid (Be specific)Camp Session Requested Total Camp Fee \$

Amount you can pay (10% or more) \$

Other Aid Sources (Church, Agency) \$

**Financial Aid Being Requested \$**

Financial aid gifts will be based on financial need, and camp's amount of available funds. If your request is approved you will receive confirmation. If your request is partially approved you will be contacted by the camp office. If your request is denied, your deposit will be returned. Signing/typing a parent name below affirms agreement.

Parent: