

2015 Registration Form



SONRISE
CHURCH

Camper's name: _____

Camper's phone # (That Thing Only) (____)(____-____)

Camper's email: (That Thing Only):

Male: Female:

Date of Birth: ____/____/____

Grade in fall 2015: _____

Street Address: _____

City, State, Zip: _____

Camp: Please

That Thing
(High School)

Camp Adventure
(Middle School)

Camp Lakewood
(Elementary)

Event #A4091

Event #L3081



That Thing
9th-12th Grade
June 14-19th
\$429.00 thru 4/20/15
\$459.00 after 4/21/15

Camp Adventure
6th-8th Grade
July 19th – 24th
\$429.00 thru 4/20/15
\$459.00 after 4/21/15

Camp Lakewood
3rd-5th Grade
July 12th – 17th
\$429.00 thru 4/20/15
\$459.00 after 4/21/15

Sonrise is willing to contribute \$100 towards your camp balance if needed:

**** \$100 Minimum deposit required with registration ****

- I do not need the \$100.00 Sonrise Scholarship & wish to decline
- I would like to **accept** the \$100 Sonrise Scholarship**

**For further scholarship assistance – please visit
<http://beacamper.com/church-info/financial-information>

Registration closes 2 weeks prior to the start of an event, or when an event is full. Complete registration, with full payment must be received by this time. Medical information will be sent to you after this form is turned into Sonrise.

*A parent /guardian must sign this form in order for the child to be registered

Medical/Photo Release Info:

In the event of my child's involvement in an emergency while at camp, I understand that every effort will be made to contact me. I hereby give permission for my child to be treated by a physician selected by the camp and/or to receive general pain medication or over the counter allergy medication at the discretion of the first aid staff. I understand that failing to disclose some medical conditions on the medical form that will follow this registration may result in an inability of the camps to serve my camper/family. Also, I understand that pictures/video may be taken of my child at camp and used for publicity purposes by Impact 2018. The signature below represents the legal guardian of the camper and the person ultimately responsible for payment of the above individual. I understand that full payment must be made in order for a registration to become active and a spot held for the camper in the event selected.

*Parent/guardian signature: _____ Printed Name: _____

*Phone number: CHW (____)____-____

*E-mail: _____ Date: ____/____/2015



Cancelation policy: Please call right away if your plans change! Registrations canceled 2 or more weeks prior to the first day of the event will forfeit a \$75 cancelation fee. The balance will be refunded. Registrations canceled less than 2 weeks prior to the start of an event will forfeit 100% of the event's registration fee. There is a \$15 transfer fee when changing events.

Office Use Only:

Deposit/Payment: 1st Ck# _____ \$ _____ 2nd Ck# _____ \$ _____
Date: _____ 1st Cash \$ _____ 2nd Cash \$ _____ 1st Credit \$ _____ 2nd Credit \$ _____
Scholarship (Impact) \$ _____
Scholarship (Sonrise) \$ _____
Current Balance \$ _____ Current Balance \$ _____ **Paid in full**