

FOR OFFICE USE

FOR OFFICE USE ONLY

Postmark Date ____ / ____ / ____ Lodging Assignment _____ Payment Record: \$ _____ Cash \$ _____ Pers. Ck. # _____ Balance Due \$ _____ \$ _____ Cashier's Ck. # _____ (if applicable) \$ _____ Church Ck. # _____ A/C Amt. Pd. \$ _____ \$ _____ Money Order # _____ (if applicable)	Reg. Form Signature(s): Camper(s) _____ Parent/Guardian _____ (if applicable) Pastor _____ Med. Form Signature(s): Camper(s) _____ (if 18 yrs. old and up) Parent/Guardian _____ (if under 18 yrs. old)	Miscellaneous Notes:
--	--	---

PA DISTRICT, U.P.C.I. FAMILY CAMP REGISTRATION FORM

July 14-19, 2019

A separate Medical Emergency Form must be completed for each applicant listed below.

FAMILY CAMP AGES:

Adults who are 18 years of age and up and children who are newborn through 6 years of age (Note: Children who are 6 years old may register as a Jr. Camper. If they choose to register in Jr. Camp, you will need to obtain the appropriate Junior Camp Registration Form - **DO NOT** use this form.)

FAMILY CAMPER'S PERSONAL INFORMATION (please print):

Name _____ Male Female Date of Birth ____ / ____ / ____ Age ____
 Street Address _____ Email _____ @ _____ . _____
 City _____ State _____ Zip Code _____
 Home Phone # () _____ - _____ Mobile Phone # () _____ - _____

LIST SPOUSE AND CHILDREN (only newborn through 6 years of age) IF THEY ARE FAMILY CAMPERS WHO ARE LODGING WITH YOU:

(Note: All other family members must fill out a separate form for the appropriate camp they are registering with.)

Please print:

Spouse _____ Male Female Date of Birth ____ / ____ / ____ Age ____
(if applicable)
 Child _____ Male Female Date of Birth ____ / ____ / ____ Age ____
(newborn through 6 years of age, if applicable)
 Child _____ Male Female Date of Birth ____ / ____ / ____ Age ____
(newborn through 6 years of age, if applicable)
 Child _____ Male Female Date of Birth ____ / ____ / ____ Age ____
(newborn through 6 years of age, if applicable)
 Child _____ Male Female Date of Birth ____ / ____ / ____ Age ____
(newborn through 6 years of age, if applicable)

U.P.C.I. PASTOR'S INFORMATION (please print):

Note: If you do not attend a United Pentecostal Church, you must obtain the signature of the U.P.C.I. Sectional Presbyter where you reside.

Name _____ Home Phone # () _____ - _____
 Church Location City _____ , State _____

CHECK-IN/CHECK-OUT:

Check-in begins Sunday, July 14, 2019 at 12 noon (**not before**). Check-out is Friday, July 21, 2019 by 4:00 pm.

RATES AND LENGTH OF STAY:

Choose a length of stay option:

- I/We will attend Family Camp the entire week (Sunday night - Thursday night).**
Below are weekly rate options. After reviewing these options, mark where you would like to stay. **Lodging is assigned on a first-come, first-served basis so we cannot guarantee your request, but we will do our best to accommodate you.**
- I/We will attend Family Camp the following night(s):** Sun. Mon. Tues. Wed. Thurs.
Below are weekly rate options. After reviewing these options, mark where you would like to stay. **Lodging is assigned on a first-come, first-served basis so we cannot guarantee your request, but we will do our best to accommodate you.**
To pro-rate your cost, divide the price by five. Then multiply that amount by the number of nights you will be staying.

Choose your lodging preference:

- Weekly rates for staying in a cabin, the small motel unit, or a trailer:**
1 person rate - \$160.00* if all forms and full payment are postmarked on or before June 15th
1 person rate - \$175.00* if all forms and full payment are postmarked between June 16th and July 1st
*These rates include meals in the dining hall (not concession stand snacks), lodging, and all camp sessions. Do not mail any forms or payments after July 1st - see "MAILING INSTRUCTIONS" below for further instructions.
Note: Newborn babies under 2 years of age are **FREE** and children who are 2-6 years of age are **HALF PRICE**. Meals are included in those prices. These rates apply to children staying in the cabins, the small motel unit, or the trailers only. We will allow children 6-17 years of age with medical conditions or disabilities which require parent/guardian assistance to stay with you at the rate of **\$160.00/week**. Please describe the medical condition under "MISCELLANEOUS INFORMATION" below.
- Weekly rates for staying in your personal R.V. or tent:**
1 person rate for R.V. - \$150.00* if all forms and full payment are postmarked on or before June 15th
1 person rate for R.V. - \$165.00* if all forms and full payment are postmarked between June 16th and July 1st
1 person rate for tent - \$125.00* if all forms and full payment are postmarked on or before June 15th
1 person rate for tent - \$140.00* if all forms and full payment are postmarked between June 16th and July 1st
Each additional adult in R.V. or tent - \$25/person for the week
*These one person rates include meals in the dining hall (not concession stand snacks), lodging and all camp sessions. However, if you have additional adults staying in your R.V. or tent, the \$25/week charge per person **DOES NOT** include their meals or concession stand snacks. Meal tickets can be purchased at the registration office (\$5.00/meal). Do not mail any forms or payments after July 1st - see "MAILING INSTRUCTIONS" below for further instructions.
Note: Newborn babies under 2 years of age are **FREE** and children who are 2-6 years of age are **\$10.00/child for the week**. Meals **ARE NOT** included in those prices. Meal tickets can be purchased at the registration office (\$5.00/meal). These rates apply to children staying in R.V.'s and tents only. We will allow children 6-17 years of age with medical conditions or disabilities which require parent/guardian assistance to stay with you at the rate of **\$25.00/week**. Please describe the medical condition under "MISCELLANEOUS INFORMATION" below.
- Weekly rates for staying in the Byers Conference Center:**
1 person rate - \$300.00* if all forms and full payment are postmarked on or before June 15th
1 person rate - \$315.00* if all forms and full payment are postmarked between June 16th and July 1st
2 person rate - \$500.00* if all forms and full payment are postmarked on or before June 15th
2 person rate - \$515.00* if all forms and full payment are postmarked between June 16th and July 1st
3 person rate - \$650.00* if all forms and full payment are postmarked on or before June 15th
3 person rate - \$665.00* if all forms and full payment are postmarked between June 16th and July 1st
4 person rate - \$800.00* if all forms and full payment are postmarked on or before June 15th
4 person rate - \$815.00* if all forms and full payment are postmarked between June 16th and July 1st
*These rates include meals in the dining hall (not concession stand snacks), lodging, and all camp sessions. Do not mail any forms or payments after July 1st - see "MAILING INSTRUCTIONS" below for further instructions. A \$10.00 deposit per key must be paid at check-in. The money will be returned at check-out when you return the key.
Note: Newborn babies under 2 years of age are **FREE** and children who are 2-6 years of age are **\$40.00/week**. Meals are included in those prices. These rates apply to children staying in the Byers Conference Center only. We will allow children 6-17 years of age with medical conditions or disabilities which require parent/guardian assistance to stay with you at the rate of **\$40.00/week**. Please describe the medical condition under "MISCELLANEOUS INFORMATION" below.

Optional Air-Conditioning:

A.C. units are in some cabins, motel rooms, and trailers. You have the option to operate them at the rate of **\$6.00 per day per unit**. This amount only will be collected from one camper - not from each person in the cabin. If you arrive at camp and find your assigned lodging has more than one A.C., you must pay the camp registrar for each extra unit you operate. If you choose to bring your own A.C., we will do our best to assign lodging that will accommodate the unit, but there are no guarantees. (Note: There is no charge for A.C. if you are staying in the Byers Conference Center or in an R.V.)

I will bring an A.C. unit and have enclosed \$6.00/day to cover the cost of usage for the following day(s):*

Sun. Mon. Tues. Wed. Thurs.

I will not bring an A.C. unit, but I would like lodging that includes A.C. I have enclosed \$6.00/day to cover the cost of usage for the following day(s):*

Sun. Mon. Tues. Wed. Thurs.

**A.C. availability is limited. Therefore, we will refund your payment at check-in if we cannot accommodate you.*

MAILING INSTRUCTIONS:

Mail your Registration Form, Medical Emergency Form, and payment in full to: Talina Lutz
607 E. Walnut St.
Lewistown, PA. 17044

NO PERSONAL CHECKS will be accepted this year - **church checks, cashier's checks, and money orders ONLY** (made payable to "PA District Camp"). Cash will be accepted if you pay at the registrar's office on the campgrounds.

DO NOT MAIL CASH.

Lodging will not be assigned until payment is made in full. Please do not mail any forms or money after July 1, 2019. After July 1st you will need to bring all forms and payment to the camp registration office and you will need to pay the late registration price as shown above under "RATES AND LENGTH OF STAY."

If you have any questions or concerns, call Talina Lutz, Camp Registrar, at (570)578-9986. Please **DO NOT** make Special Request via Social Media.

****NEW FOR 2019: All families will be required at Check-In to pay a \$20.00 Cleaning Deposit Fee which will be refunded at the time of Check-Out upon inspection of the cabin.****

SIGNATURES:

Signature of Family Camper filling out this form

"I have read and will abide by the camp rules and dress code. I will be obedient and cooperative at all times and I understand that if I violate the rules, the signing pastor will be contacted. I also understand that violations of campground policies may lead to an early dismissal from the campgrounds without a refund."

Camper _____ Date ____ / ____ / ____

Signature of spouse listed on this form (if applicable)

"I have read and will abide by the camp rules and dress code. I will be obedient and cooperative at all times and I understand that if I violate the rules, the signing pastor will be contacted. I also understand that violations of campground policies may lead to an early dismissal from the campgrounds without a refund."

Spouse _____ Date ____ / ____ / ____

Signature of Parent/Guardian of all children listed on this form (if applicable)

"I have advised my children of all camp rules and their obligation to abide by them. I understand that if they violate the campground policies, they may be dismissed from the campgrounds without a refund."

Parent/Guardian _____ Date ____ / ____ / ____

Signature of your U.P.C.I. Pastor (or Sectional Presbyter, if you do not attend a U.P.C.I. church)

"I understand that if the applicant violates the campground policies, it will be brought to my attention and the applicant may be dismissed from the campgrounds without a refund."

U.P.C.I. Pastor _____ Date ____ / ____ / ____

MISCELLANEOUS INFORMATION:

Use this area to inform us of any special situations that require you to have a refrigerator, stove, shower, or air-conditioning in your cabin, etc. You should also use this area to list any notes to the camp registrar concerning lodging desires such as special cabin requests, another camper you would like to room with, special situations such as a family member who is listed on this form who cannot stay the entire week, or any other special concerns you may have. We cannot guarantee that your needs/wishes will be met, but we will make every effort to accommodate you to the best of our ability.

PA DISTRICT CAMP, U.P.C.I. MEDICAL EMERGENCY FORM

A separate Medical Emergency Form must be completed for each applicant. This form should be submitted with your Registration Form.

CAMPER IS REGISTERED WITH: Jr. Camp Sr. Camp Hyphen Camp Family Camp

CAMPER'S PERSONAL INFORMATION (please print):

Name _____ Male Female Date of Birth ____ / ____ / ____ Age ____
Street Address _____ City _____ State ____ Zip Code ____
Home Phone # (_____) _____ - _____ Mobile Phone # (_____) _____ - _____

EMERGENCY CONTACTS (please print):

Name _____ Relationship to Camper _____ Phone # (_____) _____ - _____
Name _____ Relationship to Camper _____ Phone # (_____) _____ - _____

CAMPER'S PHYSICIAN/DENTIST INFORMATION (please print):

Family Physician _____ Phone # (_____) _____ - _____
Family Dentist _____ Phone # (_____) _____ - _____

CAMPER'S INSURANCE INFORMATION (please print):

Do you have hospitalization insurance coverage? Yes No If you answered yes, please list your insurance company's name and policy number: _____

CAMPER'S HEALTH INFORMATION (please print):

Do you have any medication allergies, other allergies, medical conditions, or disabilities that require special attention?
Yes No If you answered yes, please explain: _____

SIGNATURES:

Camper's Signature (if you are 18 years of age or older):

"I authorize a camp nurse or staff member to make emergency medical care decisions on my behalf, including medical attention at a medical facility, if I am incapable of making an informed decision myself due to injury or illness."

Camper _____ Date ____ / ____ / ____

Parent/Guardian Signature (for newborns through 17 years of age):

"I authorize the providing of medical services in the event my child becomes ill or injured. I also authorize medical attention at a medical facility if deemed necessary by a camp nurse or staff member."

Name of Parent/Guardian (please print) _____
Home Phone # (_____) _____ - _____ Mobile Phone # (_____) _____ - _____
Signature of Parent/Guardian _____ Date ____ / ____ / ____

LIST MEDICATIONS ON THE NEXT PAGE FOR:

All Jr. Campers (6-12 years of age)
All Sr. Campers (12-17 years of age)
All Hyphen Campers (high school graduates through 17 years of age)

THE FOLLOWING CAMPERS MUST TURN IN ALL MEDICATIONS AT REGISTRATION AND THE CAMP NURSE WILL ADMINISTER THEM AS NEEDED:

Jr. Campers (6-12 years of age) • Sr. Campers (12-17 years of age only) • Hyphen Campers (high school graduates through 17 years of age only)

LIST ALL MEDICATIONS, DOSAGES, AND TIMES MEDICINE SHOULD BE ADMINISTERED

NAME OF CAMPER TAKING THESE MEDICATIONS (please print): _____

Name of Medication	Dosage and Times To Be Taken	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
		Time Administered	Nurse's Initials	Time Administered	Nurse's Initials	Time Administered	Nurse's Initials	Time Administered	Nurse's Initials	Time Administered	Nurse's Initials	Time Administered	Nurse's Initials
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	
		AM		AM		AM		AM		AM		AM	
		PM		PM		PM		PM		PM		PM	