

Camp and Retreat Ministries of the Oregon-Idaho
Conference of The United Methodist Church



Registration Form

Event name _____

Event dates _____

Camper Name _____

Preferred pronoun(s) _____

Gender M F X

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell/Other phone _____

Email _____

Local Church name/city _____

For Youth: Completed grade at time of camp _____

Parent/Guardian Name _____

Roommate: *If desired, give the name of one person with whom a camper wishes to share a cabin. This must be a mutual request.*

Payment

| | |
|---|-----------|
| Event Fee (use bottom box for family events*) | \$ _____ |
| Less Early Bird Fee (if applicable) | -\$ _____ |
| Optional Fees (check event descriptions) | |
| Sawtooth Bus -Fairfield | \$ _____ |
| Sawtooth Bus -Jerome | \$ _____ |
| Other | \$ _____ |
| Less Amount Enclosed (minimum deposit varies by event, check website) | -\$ _____ |
| Less amount to be paid by church or other group | -\$ _____ |
| Less anticipated Campership from Camp and Retreat Ministries | -\$ _____ |
| Balance Due (two weeks before event starts) | \$ _____ |

Please send a completed health form to the Camp and Retreat Ministries' office at least two weeks before the beginning of camp. Forms can be found on the website or you may call and request that one be mailed to you.

By registering for this event, I have read and understand the policies of the Camp & Retreat Ministry as found on their website at gocamping.org. I recognize and acknowledge that camp/retreat activities can involve certain hazards, including, but not limited to illness, injury and accidents, and I hereby release the Camp and Retreat Ministries, The Oregon-Idaho Annual Conference of the United Methodist Church and the Episcopal Diocese of Oregon from liability.

Make checks payable to:
Camp and Retreat Ministries

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

For more information contact
the registrar in the camping office:
Phone: (503) 802-9214
e-mail: registrar@gocamping.org

For Family Camp Please put name, preferred pronoun(s), birthdate, gender and address (if different from above) for all additional family members or others attending who wish to share facilities.

| Name/address if different | Preferred pronoun(s) | Birthdate | Gender | Fee* |
|---------------------------|----------------------|-----------|--------|----------|
| 1. Camper Named above | | | M F X | \$ _____ |
| 2. | | | M F X | \$ _____ |
| 3. | | | M F X | \$ _____ |
| 4. | | | M F X | \$ _____ |
| 5. | | | M F X | \$ _____ |

Total Family Camp fees* \$ _____