



**Camper Information**

Name \_\_\_\_\_

Female  Male Birthdate \_\_\_\_\_

September 2024 Grade \_\_\_\_\_

E-mail \_\_\_\_\_

Bunkmate Request \_\_\_\_\_

*(We will honor your bunkmate request if possible - must be in same age group and program.)*

T-shirt Size:

Child Small  Child Med  Child Large

Adult Small  Adult Med  Adult Large

Adult XL

This is my first time at East Ohio Camps and I heard about East Ohio Camps from:

Local Church  Website  Friend

Newspaper  School  Mailing  Other

I am a returning camper and this will be my \_\_\_\_\_ year at one of the East Ohio Camps.

**Family Information**

Parent/Guardian 1 \_\_\_\_\_

Relationship \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Relationship \_\_\_\_\_

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

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

*Church information is optional and is used for reporting purposes. The five digit appt # can be obtained from your local church office. We do not bill your church so if your church is paying a portion please provide them with the information needed.*

Church Name \_\_\_\_\_ Church Appt # \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Church City \_\_\_\_\_ District \_\_\_\_\_

**Sibling Discount** - If more than one child from your family is going to camp this year, we offer a discount to help cover the cost of camp for your family. You pay full price for the first child and we will deduct \$20 off the price of each additional child attending camp. If you are interested in taking advantage of this discount, please contact the Camps office at (330) 499-3972 ext. 108 or camp@eocumc.com. The sibling discount will be applied to your account if you request it.

**Deadline for Early Bird Registration - March 15.** Your camper will receive \$25 off the summer camp fee and be entered into a drawing to receive free registration.

Want to get registered faster? Go to [eocumc.com/camps](http://eocumc.com/camps) to register.

Cost of Event(s) \_\_\_\_\_

Payment \_\_\_\_\_

Balance Due \_\_\_\_\_

*If paying by check, please make payable to:*  
**East Ohio Conference UMC**  
*and mail to:*  
**East Ohio Conference**  
**PO Box 76021**  
**Cleveland, OH 44101-4755**

**Event Information**

Events fill quickly and many have limited capacity, so we recommend a 2nd and 3rd choice.

Event Date	Event Number	Event Name	Tier 1, 2, or 3	Event Cost

I wish to attend more than one event. Register me for:  1st and 2nd events  All three events

**Refund Policy** - 1) If the event you register for is cancelled by us, we will help you select another event. If another selection will not work out, you will receive a full refund. 2) For cancellations 14 days or more before the first day of the event, **all fees paid less than the minimum registration fee of \$40** will be returned, or full payment is transferred to another event if possible. 3) If the cancellation is less than 14 days before the first day of the event, no refund will be made. 4) In the event of illness, accident, or family emergency, **all fees less a \$10 handling charge** will be returned **if notice is given prior to the first day of camp.** 5) No refunds or fee transfers will be made for those who fail to show up on opening day.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Credit Card** *We accept Visa, Mastercard or Discover.*

Paying full amount due  Paying portion \$ \_\_\_\_\_

Account #

Exp Date

Card Holder Signature \_\_\_\_\_

Card Holder Address \_\_\_\_\_