

# Family Camp Registration Form

Be GREEN and save time!  
Sign up for camp online at BeACamper.com.

Complete registrations may be mailed to:  
Impact 2818 Outdoor Ministries  
Attn: Camp Registration  
301 Pennsylvania Parkway, Suite 300  
Indianapolis, IN 46280



## Family Information:

Your name: \_\_\_\_\_  
Your phone number: C H W (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Your email address: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Church name: \_\_\_\_\_  
Church city: \_\_\_\_\_  
How did you hear about camp? \_\_\_\_\_

- Registration closes 1 week prior to the start of an event. All registrations (complete with full payment) must be received by this time.
- A parent/guardian must sign this form in order for the child to be registered.

## Payment Information:

Are you using a discount?    Yes    No  
Discount amount? \_\_\_\_\_ (ex. 33%, \$100, etc.)  
Discount code: \_\_\_\_\_  
Check enclosed: # \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Name on card: \_\_\_\_\_  
                  Visa    MasterCard    Discover  
Card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Please charge \$ \_\_\_\_\_ to the card listed above.  
Cardholder's signature: \_\_\_\_\_

## Event Information:

Event code: \_\_\_\_\_ (ex. I4022)  
Camp site: \_\_\_\_\_  
Start date: \_\_\_\_\_  
Please circle your preferred housing type:  
                  Private                    Community  
                  RV                            Tent  
Cost/person: \$ \_\_\_\_\_  
Total for family: \$ \_\_\_\_\_

- You should receive a confirmation of your registration via U.S. Mail within 2 weeks of our receipt of this completed registration form.
- An information packet & medical form will be mailed to you in May. The medical form must be returned in order for the campers to attend.

## Camper #1 Information:

Name: \_\_\_\_\_  
Gender:    Female    Male  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade in fall 2012: \_\_\_\_\_

## Camper #2 Information:

Name: \_\_\_\_\_  
Gender:    Female    Male  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Grade in fall 2012: \_\_\_\_\_

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 2818.

Parent/guardian signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Phone number: C H W (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Additional campers are listed on the back of this form.

**Family Camp - Continued**  
**Registration Form, page 2**



**Camper #3 Information:**

Name: \_\_\_\_\_

Gender: Female Male

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2012: \_\_\_\_\_

**Camper #4 Information:**

Name: \_\_\_\_\_

Gender: Female Male

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2012: \_\_\_\_\_

**Camper #5 Information:**

Name: \_\_\_\_\_

Gender: Female Male

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2012: \_\_\_\_\_

**Camper #6 Information:**

Name: \_\_\_\_\_

Gender: Female Male

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2012: \_\_\_\_\_

**Camper #7 Information:**

Name: \_\_\_\_\_

Gender: Female Male

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2012: \_\_\_\_\_

**Camper #8 Information:**

Name: \_\_\_\_\_

Gender: Female Male

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2012: \_\_\_\_\_

**Camper #9 Information:**

Name: \_\_\_\_\_

Gender: Female Male

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2012: \_\_\_\_\_

**Camper #10 Information:**

Name: \_\_\_\_\_

Gender: Female Male

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2012: \_\_\_\_\_

**Camper #11 Information:**

Name: \_\_\_\_\_

Gender: Female Male

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2012: \_\_\_\_\_

**Camper #12 Information:**

Name: \_\_\_\_\_

Gender: Female Male

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in fall 2012: \_\_\_\_\_

Please be sure to complete both pages of the family camp registration form before turning it in. This page is invalid unless it is accompanied by page 1.

Questions? Go to [BeACamper.com](http://BeACamper.com) or call the registrar at (888) 628-2818. Fax (317) 735-4237

Cancellation policy: Registrations canceled two or more weeks prior to the first day of the event will forfeit a \$75 cancellation fee/camper. The balance will be refunded. Registrations canceled less than two weeks prior to the start of an event will forfeit 100% of the event's registration fee.