

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



Camper's name: _____

Your name: _____

Your phone number: C H W (____)____-_____

Your email address: _____

Relationship to camper: _____

- 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.

Camper Information:

Birthdate: ____/____/____

Grade in fall 2012: _____

Street Address: _____

City, State, Zip: _____

Gender: Female Male

Church name: _____

Church city: _____

How did you hear about camp? _____

Event Information:

Event code: _____ (ex. I4022)

Camp site: _____

Start date: _____

Cost of event: \$ _____

Are you using a discount? Yes No

Discount amount? _____ (ex. 33%, \$100, etc.)

Discount code: _____

Final cost of event: \$ _____

Roommate Requests:

#1 _____

#2 _____

Please note that no more than 3 *total* campers can be roommates. Requests exceeding this will not be honored.

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 camper to attend.

Payment Information:

Check enclosed: # _____ Amount \$ _____

Name on card: _____

Visa MasterCard Discover

Card number: _____ - _____ - _____ - _____

Expiration date: ____/____

Please charge \$ _____ to the card listed above.

Cardholder's signature: _____

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 Outdoor Ministries.

Parent/guardian signature: _____ Printed name: _____

Phone number: C H W (____)____-_____

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

Cancelation policy: Registrations canceled two 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 two weeks prior to the start of an event will forfeit 100% of the event's registration fee.