

Camp Northfield 2010 Registration Form

Camper's Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
First Time Camper: Yes No Grade Entering: _____ Sex: M F Age: _____
Home Church: _____ Pastor: _____ Church Phone: _____
Cabin Pal: _____

I Plan to Attend....			Fees
<input type="checkbox"/> Pioneer Camp	(Ages 6-8)	6/28- 6/30	\$120
<input type="checkbox"/> Jr. Adventure Camp	(Ages 8-12)	7/05- 7/10	\$235
<input type="checkbox"/> Frontier Camp	(Ages 8-14)	7/12- 7/17	\$235
<input type="checkbox"/> Outdoor Leadership	(Ages 13-19)	7/12- 7/17	\$235
<input type="checkbox"/> Fantastic Adventure	(Ages 10-14)	7/19- 7/24	\$235
<input type="checkbox"/> Teen Quest Camp	(Ages 13-19)	7/26-7/31	\$235
<input type="checkbox"/> Family Camp		8/01-8/07	Call

Office Use			
Check# _____			
Postmark Date: _____			
Received By: _____			
Amount Paid: _____			
Balance Due: _____			
RB	RC	HF	PS

(Check only one)

- \$5 off each week if registering for multiple weeks
- \$12 off each week if paid in full by March 16, 2010
- \$20 off for children of missionaries, pastors, or full-time Christian school teachers

Enclosed Deposit (\$85 per week) Non-refundable & Non-transferable
Camp Insurance (\$30 per week) see reverse for more information
A \$30 late fee will be assessed if postmarked after Friday, May 14, 2010

*** Now accepting MC, Visa, Discover. Call 413 498 0256 to make charge payments**

Camp Northfield 2010 Health Information & Parental Permission

This form must be completed in full and signed by parent or legal guardian.
Camper's Name: _____ Age: _____ Birthdate: ___/___/___
Father's Name: _____ Mother's Name: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Emergency Contact if parent is not available -
Name: _____ Phone: _____

All Youth Campers must purchase the camp's limited and medical insurance (\$30) OR provide the following information
(Do not complete if purchasing the camp's insurance)

Your Insurance Company _____ Policy No. _____

Health form- Laws require a physical within 24 months preceding your camp week.
A photocopy of a school physical is acceptable. Health forms & confirmations will be sent upon receipt of
your registration.
Forms are also available online at www.campnorthfield.com.
A registered nurse or an EMT is provided for proper care of campers in case of illness or accident.

If emergency treatment is deemed necessary, I give consent for such treatment of my child (name above) by
authorized personnel. I certify my child has permission to attend camp.
Signed: _____ Date: _____
Parent or Guardian

Please Return To: Camp Northfield 96 Wanamaker Road Northfield, MA 01360