

Camp Northfield

Youth Camp Registration

"Be still and know that I am God." -Psalm 46:10



CAMPER NAME: _____
 BIRTHDATE: _____ AGE: _____ GRADE ENTERING: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 SEX: M F FIRSTTIME CAMPER: YES NO
 CABIN BUDDY REQUEST: _____
 HOME CHURCH: _____
 INSURANCE COMPANY: _____ POLICY NUMBER: _____

PARENT / GUARDIAN NAME: _____
 RELATION TO CAMPER: _____ E-MAIL: _____
 CELL PHONE: _____ HOME PHONE: _____
 EMERGENCY CONTACT (other than above): _____
 RELATION TO CAMPER: _____ CELL PHONE: _____

I PLAN TO ATTEND ...	AGES	DATES	FEE
<input type="checkbox"/> PIONEER CAMP	(6 - 8)	6/24 - 6/26	\$185
<input type="checkbox"/> JUNIOR CAMP	(8 - 10)	7/1 - 7/6	\$338
<input type="checkbox"/> JR. HIGH CAMP	(11 - 13)	7/8 - 7/13	\$338
<input type="checkbox"/> TEEN CAMP	(14 - 18)	7/15 - 7/20	\$338
<input type="checkbox"/> OUTDOOR SKILLS	(11 - 15)	7/22 - 7/27	\$338
<input type="checkbox"/> LEADERSHIP CAMP	(16 - 18)	7/22 - 7/27	\$338
<input type="checkbox"/> COMMUNITY CAMP	(6-12)	7/29 - 8/2	\$156

DISCOUNTS

\$5 off each week if registering for more than one week

\$12 off each week if paid in full by May 1

\$20 off each week for children of missionaries, pastors, or full time Christian school teachers

4% off balance paid in cash or check

PAYMENT OPTIONS

CHECK CARD

CHARGE NON-REFUNDABLE \$90 DEPOSIT (required for all registrations) CHARGE TOTAL AMOUNT

CARD NUMBER: _____ NAME ON CARD (please print): _____
 BILLING ZIP CODE: _____ EXP. DATE: _____ CODE: _____ SIGNATURE: _____

A physical performed within 24 months preceding your camp week is required to attend Camp Northfield. Necessary medical forms are available online at www.campnorthfield.com/medical-forms.

I certify my child has permission to attend Camp Northfield.

 Signature Date