



Bethany United Methodist Church

2006 Summer Camp Registration Form

IMPORTANT NOTE:
Registration forms returned without payment will be incomplete & placed on the waiting list only.

Camp Participant Information:

Name: _____
 Age: _____ Birth date: _____ Male Female
 Last grade completed: K-5 1st 2nd 3rd 4th 5th 6th 7th 8th 9th

Parent or Guardian Information:

Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Email: _____

Emergency Contact Information:

Name: _____ Phone: _____

Medical Information:

Doctor's Name: _____ Phone: _____
 Please list any allergies or conditions that we need may need to be aware of:

Church Information:

What church do you attend? _____
 If you are not a Bethany member, would you like to receive information about our church? Yes No

Please select the camp(s) you want your child to attend:

Check Here		Bethany Member	Non-Bethany Member
	May 30-June 2	Adventure Camp	\$90 / \$100
	June 5-8	Girl's Basketball Camp	\$40 / \$50
	June 12-15	Boy's Basketball Camp	\$40 / \$50
	June 26-30	Explorer Camp	\$135 / \$145
	July 10-13	Coed Basketball Camp	\$40 / \$50
	July 17-20	Volleyball Camp 5th grade	\$40 / \$50
	July 17-21	Pitch & Putt Golf Camp	\$40 / \$50
	July 24-28	Multi-Challenge Camp	\$150 / \$160
Total Amount Due:			

Please make checks payable to Bethany UMC Leisure Ministries.

Child's T-shirt Size:

Youth S Youth M Youth L Adult S Adult M Adult L Adult XXL

Parent/Guardian Permission:

By signing here, I understand that neither Bethany United Methodist Church nor Bethany Leisure Ministries provides insurance for any participants of the event(s). I give permission for medical attention to be obtained for my child as necessary.

Signature: _____ Date: _____

Return form completed form, with payment, to: Leisure Ministries, 118 West 3rd South St., Summerville SC 29483