

Deposit: _____ Date: _____
Check #: _____

Epworth Camp & Retreat Center 2008 Chickadees Registration

845-687-0215

info@epworthcenter.com

Camper's name: _____

Age on June 30, 2008: _____ Gender: _____

Parent / Guardian Name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Summer Address: _____

City: _____ State: _____ Zip: _____

Summer Phone: _____

Email: _____

Emergency Contact Person: _____ Phone: _____

Second Contact Person: _____ Phone: _____

Campers Fee:

\$180 / week per child

\$110 / week for half day

- | |
|---|
| <ul style="list-style-type: none">° A deposit of \$50/week is required to hold camper's space° Final payment is due on arrival Monday morning° Deposits are non-refundable after June 1 |
|---|

Please check dates preferred:

- [] Week 1: June 30 - July 4
- [] Week 2: July 7 - July 11
- [] Week 3: July 14 - July 18
- [] Week 4: July 21 - July 25
- [] Week 5: July 28 - August 1
- [] Week 6: August 4 - August 8
- [] Week 7: August 11 - August 15
- [] Week 8: August 18 - August 22
- [] Week 9: August 25 - August 29

Please return this form and deposit to:

Epworth Camp & Retreat Center
Attn: Chickadees
8 Epworth Lane
High Falls, NY 12440

My signature below gives permission for photographs of my camper to be used in camp publicity.

Signature of Parent / Guardian _____ Date _____