

NEICSC

Camper Registration Form

Campers will not be allowed to stay at camp without this form on file.
Campers with special needs are encouraged to contact the director before coming to camp.

Please fill out separate form per camper.

Additional forms can be found on our website: www.neicsc.org

Please check if you are a first time camper:

Last Name First Name

Address City, State, Zip

Age: ___ DOB: _____ Grade this Fall: _____ Gender: M F

Home Church: _____

T-shirt size (circle one)

Youth Sm	Youth Med	Youth Lg	Youth XL
Adult Sm	Adult Med	Adult Lg	Adult XL
			Adult XXL

Parent/Guardian Information

Very Important: Please fill out all the information and include all phone numbers and email addresses.

Parent #1 Name: _____

Cell Phone _____ Work Phone _____

Home Phone _____

E-mail _____

Parent #2 Name: _____

Cell Phone _____ Work Phone _____

Home Phone _____

E-mail _____

Other Emergency Contact: _____

Cell Phone _____ Work Phone _____

Home Phone _____

E-mail _____

2024 Camp Dates

Use separate form for each week attending

Early bird registration - June 1, 2024

- | | | | |
|--------------------------|--------------------------------|------------|-----------|
| <input type="checkbox"/> | Jr. High #1 (6th-8th) | June 9-14 | \$210/250 |
| <input type="checkbox"/> | 3rd, 4th, & 5th Grade | June 16-19 | \$125/155 |
| <input type="checkbox"/> | Overnight (1st-3rd) | July 21-22 | \$60 |
| | Name of adult w/ camper: _____ | | |
| <input type="checkbox"/> | Sr. High (9th-12th) | June 23-28 | \$210/250 |
| <input type="checkbox"/> | Jr. High #2 (6th-8th) | July 14-19 | \$210/250 |
| <input type="checkbox"/> | Last Chance Camp (9th-12th) | Aug. 9-11 | \$80 |

Payment:

Cost of Camp (from above chart): \$ _____

Amount church will pay, if any: \$ _____

Church approval _____

(Please indicate church name and initial for approval)

Camper Responsibility: \$ _____

Camper balance must accompany registration form.

Make checks payable to NEICSC

Mail Check and registration payment to: NEICSC, c/o Sarah Harris,
19268 Forest Ave. Dumont, IA. 50625

Refunds may be requested in writing 10 days prior to camp start date minus a \$25 fee.
Amount may be transferred to another camper or session. NO REFUNDS for camper who leaves camp early unless due to an emergency.

Camp use only:

Camper \$ Received _____ Check # _____ Date _____

Church \$ Received _____ Check # _____ Date _____