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 Grade this Fall: _____ Gender: M F DOB: Home Church: T-shirt size (circle one) Youth Med Youth Sm Youth Le 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_____ Parent #2 Name: Cell Phone Work Phone Other Emergency Contact: Cell Phone _____ Work Phone ____ Home Phone_____ E-mail _____

2025 Camp Dates

Use separate form for each week attending

Early bird registr	ration - June 1, 202	25
Jr. High #1 (6th-8th)	June 8-13	\$210/250
3rd, 4th, & 5th Grade	June 15-18	\$125/155
Overnight (1st-3rd)	June 20-21	\$60
Name of adult w/camper:	·	((
Sr. High (9th-12th)	June 22-27	\$210/250
Jr. High #2 (6th-8th) *	July 13-18	\$210/250
Last Chance Camp (9th-12th)	Aug. 15-17	, \$ 80
Winter Camp (7th-12th)	Feb. 14-16	\$80/\$90
(Early Bird Cut-Off Jan. 15, 2025)		
/* It might the Court Bind Cour	in lulu 4mil	
(*Junior High #2 Early Bird End	is July 1st)	
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Pav	ment:	62
22	9 8 9	dia
Cost of Camp (from above chart):	\$	
Amount church will pay, if any:	ċ	
Amount charen will pay, it dity.	¥	
Church approval		
(Please indicate church name	and initial for appro	oval)
Camper Responsibility:	\$	
*1	,	2
Camper balance must ac	• • •	tion form.
Make checks p : Mail Check and registration payment	payable to NEICSC	- h Uarria
19268 Forest Ave. Dumont, IA. 50625		अम्मायामाऽ,
A. a		*
Refunds may be requested in writing 10 days		
Amount may be transferred to another campe leaves camp early unless due to an emergence		OS for camper who
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Camp use only:		
Camper \$ ReceivedChe	ck#Date_	
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Check#

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