

# NEICSC

## Camper Registration Form

Camper's will not be allowed to stay at camp without this form on file.  
 Camper's 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](http://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 \_\_\_\_\_

## 2025 Camp Dates

Use separate form for each week attending  
 Early bird registration - June 1, 2025

- |  |            |           |
|--|------------|-----------|
| <input type="checkbox"/> Jr. High #1 (6th-8th)       | June 8-13  | \$210/250 |
| <input type="checkbox"/> 3rd, 4th, & 5th Grade       | June 15-18 | \$125/155 |
| <input type="checkbox"/> Overnight (1st-3rd)         | June 20-21 | \$60      |
| Name of adult w/ camper: _____                       |            |           |
| <input type="checkbox"/> Sr. High (9th-12th)         | June 22-27 | \$210/250 |
| <input type="checkbox"/> Jr. High #2 (6th-8th) *     | July 13-18 | \$210/250 |
| <input type="checkbox"/> Last Chance Camp (9th-12th) | Aug. 1-3   | \$80      |
| <input type="checkbox"/> Winter Camp (7th-12th)      | Feb. 14-16 | \$80/\$90 |
- (Early Bird Cut-Off Jan. 15, 2025)

(\*Junior High #2 Early Bird Ends July 1st)

### 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 _____