

2010 *Rainbow Christian Camp* REGISTRATION FORM

I am a returning camper I am a first-time camper I am an Adult

Camper Information:

Name: *No nicknames;* (First, M. I., Last) _____
 Address: _____
 City _____ County _____ State _____ Zip _____
 Home Phone _____ Camper Cell phone _____
 Camper Email _____ School _____
 Grade Entering in Fall 2010 _____ Gender: Male/ Female Birthdate _____ Age _____
 Cabin Partner Request (for Quest Day Camp, name of grandchild/parent) _____
 Home Church _____
 Sponsoring Church (If different) _____
 How did you hear about the camp? mailing church internet friend other _____

Parent/Guardian Information: *Use this section only when registering minors for camp.*

Parent/Guardian 1 of camper: _____
 Address _____ Same Information as camper
 City _____ State _____ Zip _____
 Home Phone: _____ Work Phone _____
 Cell Phone _____ 1 Email: _____
 Parent/Guardian 2 of camper: _____
 Address _____ Same Information as camper
 City _____ State _____ Zip _____
 Home Phone: _____ Work Phone _____
 Cell Phone _____ 2 Email: _____

Who does camper live with? Both Parents/Guardians Parent/Guardian 1 Parent/Guardian 2

Emergency Contact (in case we cannot reach Parents/Guardians)

Name _____ Day Phone _____ Night Phone _____

Medical Information: Medical release, medicine and medical history forms are required at check-in and are downloadable at www.rainbowcamp.org. Check this box if you prefer to be mailed medical forms.
 Special Needs (Please note any special needs we should be aware of) _____
 See back of form.

Financial Information (Please allow one registration form for each camp program)

CAMP #	NAME OF CAMP	COST
		+\$
Subtract Church/ Organization Sponsorship Amount <i>Requires official church / organization signature or code#.</i> Signature _____ or Code# _____		-\$
Total Camper Balance		\$
AMOUNT ENCLOSED WITH REGISTRATION MINIMUM DEPOSIT REQUIRED: \$50 for all camps (\$20 for Quest Day Camp)		-\$
BALANCE DUE AT CHECK-IN <i>(MAKE CHECKS PAYABLE TO RAINBOW CHRISTIAN CAMP OR SEE EFT/CREDIT BOXES BELOW.)</i>		\$

All registrations postmarked or received by April 30, 2010 will receive a * FREE T-SHIRT * at check-in

Does not include Adult Programs or Quest Grandparent registrations

Circle Shirt Size: YS YM YL S M L XL XXL

EFT PAYMENT INFORMATION: (FREE) \$5 discount on camp fees for all EFT transactions.

Name on account-(Please Print) _____
 Address _____ City _____ State _____ Zip _____
 Name of Financial Institution _____ City _____ Zip _____
 Account Routing Number (bottom left # on check) _____
 Checking Account # (bottom right) _____ Savings Account # _____
 Signature _____ Date _____ Amount \$: _____

CREDIT CARD INFORMATION: CIRCLE ONE: VISA MASTERCARD

Card Number _____ Expiration Date _____ Phone # _____
 Address of Cardholder _____
 City _____ State _____ Zip _____ Amount \$ _____
 Signature _____ Date _____

Mail completed registration form and payment to:

Rainbow Christian Camp • 3522 N 1000 W 27 • Converse, IN 46919

or register online at www.rainbowcamp.org