



2009 HIGHLANDS SUMMER CAMP REGISTRATION FORM

Please complete a form for **each** person attending **any** camp (including Intergenerational Camps).
EXCEPTION: A family may do one form for Family Camps: Father/Son, Mother/Daughter, and the Fourth of July Family Vacation.

PLEASE PRINT

Camper/Family Name _____ Birthdate ____/____/____ Age _____
 Address _____ Grade in Fall of **2008** _____
 City _____ State ____ Zip _____
 Parent/Guardian Name(s) _____ Residential Phone _____
 Father's Business Phone _____ Mother's Business Phone _____
 Father's Cell Phone _____ Mother's Cell Phone _____
 E-mail Address - will be used to e-mail camp information to you: _____

Home Church _____ Address _____
 City _____ State _____ Zip _____
 Pastor's Name(s) _____

Person(s) not authorized to pick up child:
 Name(s) _____ or NA (Circle if NA applies)

First Choice Camp Name and Week Number _____ Date _____
 Second Choice Camp Name and Week Number _____ Date _____

For Fourth of July Family Vacation, we would like to reserve a: CABIN RETREAT CENTER ROOM

Roommate Request: (Use this area to indicate adults/children who will room together at Grandparent and Family Camps or your requested roommate for Summer Camp.) **PLEASE PRINT**

NAME	GENDER	AGE	BIRTHDATE
_____	M / F	____	____/____/____
_____	M / F	____	____/____/____
_____	M / F	____	____/____/____
_____	M / F	____	____/____/____
_____	M / F	____	____/____/____

Summer Camp Roommate _____
 (We can honor one summer camp roommate request.)

How did you hear about us? Past Camper Advertisement Camp Fair Word of Mouth Friends School Internet
 Sibling Presbyterian Church Family Member Past Employee Family Member Past Camper
 Other: _____

If you would like to pay by Credit Card, please fill out the following information:

Method of Payment: _____ Visa _____ MasterCard _____ Discover _____
 Card Number: _____ Amount of payment: _____
 CVVS# (3 digit # located on back of card by signature): _____ Expiration Date: _____
 Name as it appears on Card: _____ Signature: _____

(SEE SCHOLARSHIP INFORMATION)
 Amount of Scholarship to be paid by your church \$ _____
Signature of Pastor or Church Official: _____

 To apply for a needs based scholarship, please download a scholarship form from our website, www.highlandscamp.org, and return it to Highlands with your registration form.

Send Registration Form and 50% of camp fee (with or without church scholarship) to:
Highlands, PO Box 66, Allenspark, CO 80510
 Remainder of payment is due three weeks prior to your camp date.
 Cancellation Fees: If cancelled more than 30 days prior to camp, \$40 fee.
 If cancelled within 30 days of camp, 50% of camp cost. If cancelled day of camp, no refund. See www.way-points.org for 4th Family Camp policy.
 \$20 fee per person to change your camp date.

Office Use Only
 Date Reg _____
 Camp _____
 Cost _____
 Credit _____
 Check # _____
Additional Payments:
 Church _____
 Scholarship _____
Amount Due: _____
 Additional Payments: