

SIDE B - Please complete both sides and return with *payment** to:

Mound Ridge Camp Camp Registrar 31 Agape Lane, Cook Station, MO 65449
Phone (573) 265-3098 Fax (573)-558-7949 E-mail cfoster@glpby.org

**Please see Side A for more Payment information*

Forms and schedules are available on our website www.moundridge.org

PLEASE ENROLL ME!

Date of Camp: _____

Camp Session Name: _____

If possible, I would like to room with _____

I understand I can only request one friend and my friend must also request to be placed with me.

ENROLLMENT CONFIRMATION

Please send my enrollment confirmation material via standard U.S. Mail _____

Please send my enrollment confirmation material via email and I will print them myself. _____

My updated email address: _____

REFUNDS & CANCELLATIONS

Refunds, minus \$50 for administrative costs will be made if a cancellation is received four weeks or more before the event is scheduled to begin. Cancellation must be received in writing by U.S. mail, email or fax

Request for refunds due to illness or accident must be accompanied by a doctor's note.

No refund will be issued for failure to appear at camp on check-in-day without prior notice nor for early departure from an event because of a camper violation of policy (e.g. possession of tobacco products, etc) or reasons of personal choice (e.g. homesickness).

PARENT/GUARDIAN AUTHORIZATION

My child has by permission to participate in all activities as listed in the summer camp brochure and described on the Mound Ridge website. By enrolling my child, I permit the use of appropriate photographs, video and audio recordings for publicity reason, agree to abide by the refund policy, and agree to pick my child up when asked to do so by the director for illness, disciplinary reason, or reasons of personal choice. My child agrees to abide by all camp policies including: no violent behavior or public nudity, no alcohol, tobacco, drugs, fireworks, weapons, cell phone, electronic or other inappropriate items.

Signature of Parent or Guardian: _____ Date ____/____/____

CAMPERSHIP INFORMATION

Registration must be Postmarked by the discount fee date to be accepted for the discounted price!

Total fees due (June 14th for all June Camps and July 1st for all July Camps) ...\$ _____

My church will pay this amount toward my enrollment fee..... \$ _____

Name of Church: _____

Church officer Signature: _____

OTHER CAMPERSHIP INFORMATION

Family is required (when possible) to pay 1/3rd of total cost

Church Scholarship (1/3rd).....\$ _____

Presbytery Campership requested (1/3rd).....\$ _____

Total Amount of Campership.....\$ _____

CALCULATION ENROLLMENT FEE

A. Cost of Camp- \$ _____ A

B. Family Discount: Subtract \$10.00 if a sibling is also enrolling in a camp
(Name _____)..... - \$ _____ B

C. Multi-Event Discount: If you are attending more than one
Event, subtract \$10.00 - \$ _____ C

D. Shuttle (I-44) \$30.00 per camper)..... + \$ _____ D

E. Total Cost of Camp (A, -B -C, +D)..... = \$ _____ E

F. Donation: I would like to make a tax-deductible
Donation to Mound Ridge in the amount of + \$ _____ F

G. Total Amount Due (D +E)..... = \$ _____ G

H. Campership Amount..... - \$ _____ H

I. Parent/Guardian Balance *due by June 14 or July 1st 2010*..... \$ _____ I

PAYMENT DETAILS _____

Please attach check or Credit Card Payment form with registration form.