

VICK and PATHFINDER CAMP and CONFERENCE MINISTRIES 2015 CAMP REGISTRATION FORM

Parent or Guardian: Please Print or type all information with blue or black ink.

On-line registration and payment is available via our PayPal account. Just go to our web site (www.vpccministries.org) and click on the Register button.

Specific camp information will be sent via postal mail. If you would prefer to receive this information by e-mail, please provide e-mail address.

(Print Clearly e-mail address) _____
 Be sure you allow receipt of e-mail from kathie@vpccministries.org

Camper's Information (FILL OUT SEPARATE FORM FOR EACH CAMPER)

Check One: Male Female Date of Birth _____

Name _____

Home Address _____ City _____ State _____ Zip _____

Parents'/Guardians' Name _____ (Include area code) Home Phone # _____ Work # or Cell # _____

email address _____

Emergency Contact Name _____ (Include area code) Home Phone # _____ Work # or Cell # _____

Church _____ Association _____

_____ (check one) Pathfinder Camp Vick

Current Age _____ Grade entering September 2015 _____
 Camp Session Date _____

_____ Session Name _____

Bunk Mate Request (Limit one/NOT a sibling)

I give my permission for photographs to be taken during the camp experience to be used for promotional purposes Yes No.

Please note, NO SIGNATURE INDICATES CONSENT.

Signed _____

DEADLINE FOR REGISTRATION: 2 WEEKS PRIOR TO SESSION

- ❖ Registration form must be completed in order to be registered for camp
- ❖ FULL PAYMENT is due 14 days before beginning of camp session
- ❖ Limited scholarships are available – call 315-314-7460 or email: kathie@vpccministries.org for more information
- ❖ \$35 Bounced/Returned check fee will be billed

Camp Session Fee \$ _____

What discounts am I entitled to? Read carefully. Call 315-314-7460 with any questions. Please check the box next to all that apply.

IF APPLICABLE YOU MAY COMBINE UP TO 2 OF THE DISCOUNTS BELOW

_____ Postmark on or before May 15, 2015, & ENCLOSING PAYMENT IN FULL
Deduct \$25

_____ Is this camper attending the same session with a Buddy (not a sibling)? **Deduct \$20**
 (if attending Beginner Camp deduct \$10.) Send registrations together.
 Buddy's name _____

_____ Does this camper have a sibling attending camp this summer? **Deduct \$20**
 Sibling's Name: _____

_____ Is this camper registering with less than 2 weeks before the camp session begins?
Add \$20, late fee. OR Is this camper registering at camp? **Add \$25.**

Subtotal \$ _____

Amount paid with registration \$ _____
 (Minimum \$75.00 non-refundable)

Balance Due \$ _____

Make checks payable to: VP MINISTRIES

Mail form and payment to:
 VICK and PATHFINDER CAMP and CONFERENCE MINISTRIES
 5865 E. Seneca Tpk.
 Jamesville, NY 13078
 Phone: 315-314-7460 Fax: 315-492-2369
 Email: kathie@vpccministries.org

Revised 2015