



Send this SIGNED form and \$100 deposit (payable to Sonlight Camp) to:

Camp Registrar
Sonlight Christian Camp
PO Box 536, Pagosa Springs, CO 81147-0536

Registrations will not be processed until Sonlight has the deposit in hand. Faxed registrations will not be accepted. Should you cancel, there will be a \$25 cancellation fee before May 15th. After May 15th, deposits are non-refundable.

2008 Summer Camp Registration

Camper's Name _____ Date of Birth _____

Parent's/Guardian's name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number (____) _____

Grade camper is entering in Fall 2008 _____ Gender: Male Female

Parent Email _____ Camper Email _____

I would prefer confirmation materials sent to me:

_____ Via paper copy/snail mail

_____ Via e-mail, with pdf attachments sent to: Parent's Email Camper's Email

May we share your information for carpooling requests? Yes No

Please indicate **only one** camp. Use a separate form (make copies) for each camp you register for.

Resident Camps:

- _____ Junior Camp (3rd, 4th) **June 29-July 3**
- _____ Discovery Camp Session 1 (5th, 6th) **June 15-21**
- _____ Discovery Camp Session 2 (5th, 6th) **July 27-August 2**
- _____ Adventure Camp Session 1 (7th, 8th) **June 8-June 14**
- _____ Adventure Camp Session 2 (7th, 8th) **July 13-19**
- _____ Senior High Camp Session 1 (9th-12th) **June 22-28**
- _____ Senior High Camp Session 2 (9th-12th) **July 20-26**

High Adventure Camps:

- _____ Wilderness Week for Boys (6th, 7th, 8th) **August 3-7**
- _____ Wilderness Week for Girls (6th, 7th, 8th) **June 29-July 3**
- _____ High School Backpack Trip **July 6-12**

If you are a **first time camper**, you may request one cabin mate. I'd like to room with (*only one person*) _____
 All other campers will be assigned cabins based on Sonlights' philosophy of diversity and building community. We will do our best to honor cabin mate requests, but do not guarantee that all requests will be met.

STATEMENT OF ACCOUNTABILITY (THE FINE PRINT)

I understand that camp can have certain inherent risks, that the mountain environment is different than the city, that situations may arise which will be dealt with differently than in an urban area. I understand that cell phones and other electronic devices may not be used at Sonlight or on the High Adventure trips.

I give my permission for the photos taken of me/my child participating in camp activities to be used for the promotional purpose of camp, and Sonlight, to include the website.

I, the camper, agree to participate in camp within the limits noted on the health form by my parents or medical staff. I agree to act in a responsible way, respecting other people, as well as camp property and facilities. I understand that my participation in camp may be terminated if I act in a negative or threatening manner towards other people or the camp property.

Signature of Camper _____ Date _____

Signature of Parent/Guardian _____ Date _____

UNOFFICIAL USE ONLY	Date	Check #	\$ Paid	Balance
Registration Received _____	_____	_____	_____	_____
Info Mailed or Emailed to Parents _____	_____	_____	_____	_____
Health Form Received _____	_____	_____	_____	_____
Wait List _____	_____	_____	_____	_____