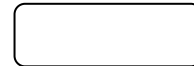




Please return the completed form with your tuition to:

Sonlight Christian Camp
Registrar
PO Box 536
Pagosa Springs, CO 81147
Fax: 877-335-2331



Registration Form | High School Fall Retreat 2016

Phone: 970.264.4379

Website: www.sonlightcamp.org

Camper and parent/legal guardian (if camper is under 18 years) must read, complete, and sign this entire form

Camper's Name **↑** Female Male Parent's Name **↑**

Camper's e-mail **↑** Camper's date of birth / /
month day year

↑ Mailing address City State Zip

()
Home phone Family e-mail grade camper entering Fall 2015

I would prefer confirmation materials sent paper copy/mail **OR** e-mail preferred e-mail address _____

STATEMENT OF ACCOUNTABILITY

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 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.

I have read and agree to the policies listed in the Parent/Camper Handbook.

Signature of Camper Date

Signature of Parent/Guardian Date

Registration Form | High School Fall Retreat 2016 | Payment Information

Sonlight is in the process of transitioning our database and credit card processing system. Payments by check will be most helpful. Credit card payments will be accepted, but may not process immediately. Thank you for your understanding!

Check # _____ Visa MasterCard Discover

\$

Name on credit card Amount to be charged: CVV2/Security Code #

Credit Card # Expiration date Signature

Would you care to make a donation to Sonlight Camp?

Scholarship Fund \$ _____ Endowment Fund \$ _____ Program Excellence Fund \$ _____
