

2008 Registration

Please print with **Ink**; fill out both sides and sign.

Camper's Name _____

Male ___ Female ___ Date of birth ___/___/___ Grade in Fall _____

Address _____

City _____ State _____ Zip _____

Email _____

Father/Guardian _____

Mother/Guardian _____

Home phone _____ Work phone _____

Cell or other phone # _____

Other contact person and # _____

Please choose one of the following bunk options:

___ Make new friends-no preference ___ Bunk with sibling

___ Cabin Friend 1 _____

___ Cabin Friend 2 _____

Home Church _____

Church Address _____

Church phone no. _____

Have you attended Brook Cherith Camp before? Yes ___ No ___

Tee-Shirt Size (Y) ___ (A) ___ (only if paid in full by March 15)

The name of your bring a friend sponser _____

Send a \$75 nonrefundable deposit for each registration to:

Registrar
c/o Brook Cherith Camp
4050 W. County Line Rd.
Pierson, MI 49339

All balances due 10 days prior to your camp session

Camp Session: **Please check and circle.**

- ___ June 15-21 Traditional Girls 1
- ___ June 15-21 Trad. Girls 1 w/ Horses
- ___ June 12-28 CILT I
- ___ June 15-28 CILT II
- ___ June 22 -28 Traditional Girls 2
- ___ June 22-28 Trad. Girls 2 w/ Horses
- ___ July 6-12 Traditional Boys
- ___ July 6-12 Construction Crew
- ___ July 13-19 Boys/Girls Camp 1
- ___ July 13-19 Horse Specialty
- ___ July 13-16 Voyager Camp
- ___ July 13-16 Big Brother/Sister
- ___ July 14-18 Day Camp 1 (Introductory Price)
- ___ July 20-26 Boys/Girls Camp 2
- ___ July 20-26 Advanced Horsemanship
- ___ July 21-25 Day Camp 2 (Introductory Price)

Grade Level-Fall 2008 Cost

Grades 3-10	\$275
Grades 5-10	\$325
Grade 11 (By application)	\$450
Grade 11+	\$275
Grades 3-10	\$275
Grades 5-10	\$325
Grades 3-10	\$275
Grades 8-12	\$215
Grades 3-10	\$275
Grades 5-12	\$360
Grades 2-3	\$150
12 or older (By application only)	
Grades 3-9	\$90
Grades 3-10	\$275
Grades 6-12	\$360
Grades 3-9	\$90

In signing this document, I hereby certify that this information is accurate, and I give my permission for the use of photographs and videos including my child to be used in camp publications; for my child to be transported in camp approved vehicles to and from off-campus activities; for the release of medical records in case of an illness or injury; and for the camper named herein to engage in all activities, except noted by me/ or attending physician. I also give my permission to the doctor selected by Brook Cherith Camp Inc. to order or perform routine and emergency medical treatment for the camper named herein. I also give my permission to the Brook Cherith Camp Health Officer to give routine, nonsurgical treatment when needed.

Parent/Guardian Signature: _____

Date: ___/___/___

Camp Fee..... \$ _____

\$75 deposit per child/session..\$ _____

Family Discount:
3+ children

10 % discount....\$ _____

\$20 Early Bird Discount:

Full Payment due by Mar .15th \$ _____

Balance Due.....\$ _____

Optional Tuck Shop deposit.....\$ _____

Email (\$5).....\$ _____

Camp Photo(\$6)\$ _____

To Help campers who cannot afford their entire camp fee.

I have included:\$ _____

Please make checks payable to:
Brook Cherith Camp or
Visa or M/C Credit Card #

Exp. Date