Pine Springs Camp 2019 Day Camp Registration Form

Mail to:

Pine Springs Camp 371 Pine Springs Camp Rd. P.O. Box 186 Jennerstown, PA 15547

Tel: (814) 629-9834 Fax: (814) 629-6520 www.pinesprings.org info@pinesprings.org

This section for office use only			
Date received:	/ /		
☐ Check #			
☐ Credit Card			
☐ Cash Amou	ınt: \$		
☐ Packet Mailed	Date://		

Important Information: Please make sure to complete all areas of the registration form with financial information.				
Camper Information				
Camper's Name: (First)	(Last)			
Father's Name:	Mother's Name:			
Mailing Address:				
City:	State: Zip Code:			
Home Phone Number: ()	Cell Phone Number: ()			
☐ Boy ☐ Girl Age: Date of Birth:/ Grade completed				
Main Contact e-mail:				
Is this your first Day Camp experience at Pine Springs Camp	o?			
Church attending:	_			
Crew : Each week campers are divided into different crews camper(s) your child would like to be in a crew with during	based on their age (K-2)/ (3-5) and gender. Please write the name(s) of his/her week at Day Camp. 2 3			
Camp Session and Elective Selection ◆ Please check the week of PSC Day Camp and an elective for your camper. All campers participate in arts and crafts, sports, nature and swimming. Elective options provide campers with extra time in specific activity areas every day.				
SESSION 1	_ SESSION 2 SESSION 3			
(completed K- grade 5) (compl	July 29-August 2, 2019 leted K- grade 5) d to 50 campers July 29-August 2, 2019 (completed K- grade 5) *limited to 50 campers			
☐ Sports and Recreation ☐ Nat	ture			
☐ Arts and Crafts ☐ Spor	orts and Recreation			
Payment Information ◆ The cost for camp is \$85 for the full week. A \$25 non-refundable deposit must be received to reserve a space at camp. Please be aware that space is limited and offered on a first come basis. Pre-registration is strongly recommended. If space is available, campers may register on the opening day of the camp session for \$90. Please contact the office to check availability if you are				

n and can be paid at the

Credit Card Number:

registration table.					
Payment:		Credit Card Payment:			
Pre-registration		Credit: ☐ MC ☐ VISA ☐ DISC	Amount of Payment:		
Cost of Camp:	\$ 85.00	Name on Credit Card:			

Remaining Balance:

*By signing this form I am authorizing Pine Springs Camp to charge my credit card for the Amount of Payment written

Exp. Date: ____/___