

Winter Connection registration form

Please note: You may register online at www.dakcamps.org. You may also register by mail by completing this form and mailing it and your deposit to: Dakotas UM Camps, 122 W. Franklin Ave., Suite 400, Minneapolis, MN 55404. Registration forms may also be scanned and emailed to: info@dakcamps.org. Questions? Call (855) 622-1973 (toll-free) or e-mail info@dakcamps.org.

Part 1: Camper Information

Full-name: _____ Mailing address: _____
Birth date: _____ Grade in school: _____ City: _____
Gender: _____ State: _____
 Male Female Zip code: _____
Cell phone: _____ Home phone: _____ Home e-mail: _____

Part 2: Camp Information

Please enroll me in
Camp number: **#800** _____
Camp name: **2025 Winter Connection - January 24-25, 2025** _____
Circle Location: **FARGO * MITCHELL * RAPID CITY** _____
Church name & City: _____
Church denomination: _____
No Church Affiliation
Are you using a church discount? Yes No
Church code: _____
Name of church offering discount if different from above: _____

Please send ALL my camp materials and information via
 Regular mail only E-mail only
Preferred e-mail address: _____
Roommate Mate Request: _____

Part 3: Parent/Guardian/Emergency Information

Guardian 1 full name: _____ Relationship: _____
Guardian 1 work #: _____ Guardian 1 cell #: _____ Guardian 1 e-mail: _____
Guardian 2 full name: _____ Relationship: _____
Guardian 2 work #: _____ Guardian 2 cell #: _____ Guardian 2 e-mail: _____
Emergency contact (must be different than guardians)*:
Full name: _____ Relationship: _____
Work#: _____ Cell #: _____ E-mail: _____

Signature of guardian is required if under 18: _____

Part 4: Camper's Needs

Camper's dietary needs: None Yes, listed below (*Examples: food allergies, restrictions, vegetarian, lactose intolerance, etc.*)

Help us understand your camper's needs (disabilities, injuries, health issues, etc.). Check all that apply:

- | | | | | |
|--|--|---------------------------------------|---|---|
| <input type="radio"/> No Health Concerns | <input type="radio"/> Allergies (other) | <input type="radio"/> Autism | <input type="radio"/> Genetic syndrome | <input type="radio"/> ODD |
| <input type="radio"/> ADD | <input type="radio"/> Anxiety/depression | <input type="radio"/> Diabetes | <i>(e.g. Down Syndrome)</i> | <input type="radio"/> Physical disability |
| <input type="radio"/> ADHD | <input type="radio"/> Aspergers | <input type="radio"/> Eating disorder | <input type="radio"/> Learning disability | <input type="radio"/> RAD |
| <input type="radio"/> Allergies (seasonal) | <input type="radio"/> Asthma | <input type="radio"/> EBD | <input type="radio"/> OCD | <input type="radio"/> Other _____ |

Other info—please provide additional information if needed: _____

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Part 5: Camp Cost and Payment Information

Cost of camp: \$ **40.00 per person**

TOTAL: \$ _____

Church code:

Comments: _____

Checks: Make checks payable to Dakotas UM Camps and mail to the central camping office at the address below.

Credit Cards: Please complete the information below. Additional payments can be made by calling the camping office at

(855) 622-1973

Visa MasterCard Card number: _____ Exp. date (MM/YY): _____

Discover AmEx Amount to charge: \$ _____ 3-digit verification code _____

(on back of credit card by signature)

Name as it appears on card (please print): _____

Signature: _____

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Part 6: Register for Camp in One of Four Ways:

1. **Send form to**:** Dakotas UM Camps
DAK/MN Area Central Camping Office
122 W. Franklin Ave., Suite 400
Minneapolis, MN 55404
2. Register online at: **www.dakcamps.org**
3. Scan and e-mail completed form to
info@dakcamps.org
4. Call the central camping office at
(855) 622-1973 to process a credit card.

**Don't forget to send payment when you register.