

Camp registration form side 1

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 faxed to (612) 870-1260. Questions? Call (855) 622-1973 (toll-free) or e-mail info@dakcamps.org.

Part 1: Camper Information

Full name: _____ Mailing address: _____
Grade completed as of June 2019 (if under 19): _____ City: _____
Birth date: _____ State: _____
 Male Female Ethnicity (optional): _____ Zip code: _____
Cell phone: _____ Home phone: _____ Home e-mail: _____

Part 2: Camp Information

Please enroll me in _____ Please send ALL my camp materials and information via
Camp number: _____ Regular mail only E-mail only
Camp name: _____ Preferred e-mail address: _____
Dates: _____
Church name & City: _____ Roommate/Cabin Mate Request: _____
Church denomination*: _____
No Church Affiliation
Are you using a church discount? Yes No
Church code: _____
Name of church offering discount if different from above: _____

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: _____

*Required

Camp registration form side 2

Part 5: Bus Information

A cross-state bus is only offered to Storm Mountain Center the weeks of June 16-21 and June 23-28.

Please have the bus stop and pick me up at _____

Please have the bus drop me on my return at _____

There are no refunds for the bus once you sign up. The bus schedule and fees can be found on the website at www.dakcamps.org.

Part 6: Camp Cost and Payment Information

Note: When registering for camp, we require a \$50 deposit for a two night camp and a \$100 deposit for a camp that is three nights or more.

Cost of camp: \$ _____	* Early bird discount is \$5 off per night. For example, a two night camp would be \$10 off and a five night camp would be \$25 off. Ends April 30.
Storm Mountain Center bus fee: \$ _____	
Donation to camperships (optional): \$ _____	
*Early Bird discount (Ends April 30): \$ - _____	**Name of each referred friend (Must be new campers to Dakotas UM Camps and must register for camp for discount to be applied. See page 22): _____
Church discount amount: \$ - _____	
**\$25 discount for each friend referred: \$ - _____	
TOTAL: \$ _____	

Comments: _____

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

Credit Cards: Please complete the information below. Additional payments can be made by calling the camping office at (855) 622-1973 (toll-free).

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

Discover Amount to charge: \$ _____ 3-digit verification code _____
(on back of credit card by signature)

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

Signature: _____

Part 7: Campership Request

It is the position of the Camp and Retreat Council that no potential camper be turned away from having an annual camp experience because of a personal lack of funds. We seek to provide campership grants based on individual and family needs. Our expectation is that your local church, personal funds, and conference support will combine to cover the registration costs. Campers with no connection to a local church may contact the camping office for information on support options. Apply online at www.dakcamps.org or check below. If you check below, we will send you a campership application that you must fill out and return to the camping office.

Please send me a campership application via: Regular mail E-mail

Part 8: Register for Camp in One of Five 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 (toll-free)
5. Fax form to: (612) 870-1260 |
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***Don't forget to send in your \$100 deposit when you register.