Camp 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 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
Camp number: ____________________  Please send ALL my camp materials and information via
Camp name: ____________________  ○ Regular mail only  ○ E-mail only
Dates: ____________________  Preferred e-mail address: ____________________
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 e-mail: ____________________
Guardian 1 cell #: ____________________
Guardian 2 full name: ____________________  Relationship: ____________________
Guardian 2 work #: ____________________  Guardian 2 e-mail: ____________________
Guardian 2 cell #: ____________________
Emergency contact (must be different than guardians)*:
Full name: ____________________  Relationship: ____________________
Work #: ____________________  E-mail: ____________________
Cell #: ____________________

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:

□ No Health Concerns  □ Allergies (other)  □ Autism  □ Genetic syndrome
□ ADD  □ Anxiety/depression  □ Diabetes  (e.g. Down Syndrome)
□ ADHD  □ Aspergers  □ Eating disorder  □ ODD
□ Allergies (seasonal)  □ Asthma  □ EBD  □ Physical disability
□ Other ____________________

Other info—please provide additional information if needed: ____________________

*Required
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.

<table>
<thead>
<tr>
<th>Cost of camp: $</th>
<th>Storm Mountain Center bus fee: $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donation to camperships (optional): $</td>
<td><strong>Early Bird discount (Ends April 30): $</strong> -</td>
</tr>
<tr>
<td>Church discount amount: $</td>
<td><strong>$25 discount for each friend referred: $</strong> -</td>
</tr>
<tr>
<td><strong>TOTAL:</strong> $</td>
<td><strong>$25 discount for each friend referred:</strong> $</td>
</tr>
</tbody>
</table>

* 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.

**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): ________________________________

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

***Don’t forget to send in your $100 deposit when you register.