

SUPERCAMPERIFIC 2010

CAMPER REGISTRATION

WEEK ATTENDING
 ___ July 12 - July 17 Grades 7,8,9
 ___ July 19 - July 24 Grades 4,5,6

Boy ___ Girl ___ School Grade (Fall of 2010) ___
 Camper's Name _____ Birth Date _____ Age ___
 Address _____ Home Phone () _____
 City _____ State _____ Zip Code _____
 Father _____ Work/Cell Phone _____
 Mother _____ Work/Cell Phone _____
 Camper is living with: ___ Father ___ Mother ___ Grandparents
 E-Mail _____ Is this camper's first year to go to a camp? ___
 Church you attend regularly _____

Bunkmate Request _____ Only one person will be guaranteed as bunkmate. The camper requested must also have the same request on their registration form. We try to make all cabins equal according to ages, grades, and churches. Multiple bunkmate requests will not be honored. Due to a limited number of bunks, we can only accommodate 46 girls and 46 guys. Registrations should be mailed as soon as possible.

CAMP FEES

The cost for one week of camp is \$175. Campers with a paid-in-full registration will be accepted on a first-come, first-served basis. Some years the camp has been full, so some campers had to be turned away. The registration form and payment should be turned in no later than June 27th. Checks should be made payable to **Supercamperific** and mailed to: **Supercamperific, 4628 Del Mar Court, Greenwood, In 46142** For more information call Terry Foster - 317-258-9108

CAMP T-SHIRTS

Camp T-Shirts are not included in the camp fee. If you would like to order a camp t-shirt, complete the t-shirt order form. To receive the shirts from the t-shirt company in time for camp, all shirts must be ordered and paid for by June 27th.

CAMPER COMMITMENT

I promise to be the best camper possible by obeying the rules of the camp, respecting and obeying my counselor, participating in camp activities, paying attention in all services, keeping a good attitude, not complaining or whining about the program, food, or weather, and to brush my teeth & shower every day. I understand that violation of these rules may result in my dismissal from camp.

X _____ Date _____

PARENT COMMITMENT

I promise to help make this week of camp the best possible for my child to develop a personal relationship with Jesus by praying for them and their counselors and by refraining from visiting the camp so that they will remain focused on the camp program and services. I understand every effort will be made to contact parents or guardians of campers in the event of an emergency. In the event that I cannot be reached, I hereby give permission to the physicians selected by the director to hospitalize, secure proper treatments and/or surgery as needed. I also release the directors and workers of the camp from any and all liability, claims or demands for personal injury, sickness, or death of my child. As the parent/legal guardian of this camper, I hereby grant my permission for my child to participate fully in all camp activities and promise to assume the responsibility for any negligent or willful acts by my child.

X _____ Date _____

FOR STAFF USE ONLY	
Date Camp Fee Paid	_____
Check #	_____

Please complete the medical information on the back of this form.

