

Registration Form for Individual & Family EVENTS

Oregon-Idaho United Methodist Camp & Retreat Ministries

- ◆ All registration must be received at least **two weeks prior** to the start of event.
- ◆ A \$50 deposit is required **unless another amount is indicated in the description.**
- ◆ Deposit is non-refundable.
- ◆ For **tiered prices**, lowest rate not available after May 5th.

Name: _____ Male Female
 Address _____ Hm Phone (____) _____
 City _____ State _____ Zip _____
 Email _____
 Local Church name _____ Local Church City: _____
 For youth: Birthdate _____ Completed grade at time of camp _____
 Parent/Guardian Name _____
 Emergency/Cell phone (____) _____

If desired, give the name of one person with whom a camper wishes to share a cabin.
 This must be a mutual request. _____

Note to Parents: In order to facilitate carpools, we may release parent's name to other registered campers. We do not sell or distribute address lists to outside persons, however if you do not wish your address shared with other campers contact registrar by email: camping@gocamping.org or call 1-800-593-7539 ext.43

Event Name _____
 ALCollins Latgawa Magruder Sawtooth Suttle Lake Wallowa Lake Other

For Sawtooth Bus: Fairfield Jerome
 For Wallowa Lake Adult/Family Events: Deluxe Cabin 2 Bdrm Deluxe Rustic Cabin

Arrival Date _____ Departure Date _____

General information:

Make checks payable to: **Conference Treasurer**
 Send Registration to: **Camp Registrar**
1505 SW 18th Avenue
Portland, OR 97201



For more information contact Geneva Cook in the camping office:
 Inside Portland area: **(503) 226-7931** Toll-free: **1-800-593-7539** ext. 43
 Fax number: **(503) 228-3196** e-mail: camping@gocamping.org

Office Use Only

Date Rec'd _____
 Date Input _____
 Dep Amt _____
 Letter Sent _____
 Packet Sent _____

Payment

Event Fee \$ _____*
 (Use bottom box for family events)

Option Fees
 (Options for selected camps/events. Check event descriptions.)

Bus Fee \$ _____
 Raft Trip \$ _____
 Other _____ \$ _____
 Other _____ \$ _____

Optional Gift to Campership Fund \$ _____

Amount Enclosed \$ _____
 (\$50 non-refundable deposit unless otherwise indicated.)

Balance Due \$ _____
 (Two weeks before event starts)

For Family Camp Events

Please put name, gender, birthdate or age (for children & youth) and address (if different from above) for all additional family members or others attending family events together who wish to share facilities.

Name	Birthdate (A=Adult)	Gender	Fee*
1. CAMPER NAMED ABOVE	_____	M F	\$ _____
2. _____	_____	M F	\$ _____
3. _____	_____	M F	\$ _____
4. _____	_____	M F	\$ _____
5. _____	_____	M F	\$ _____
6. _____	_____	M F	\$ _____

Total Family camp fees \$ _____

To pay by Credit Card:

(Visa, Mastercard, or Discover)

Card Number _____
 Expiration date _____ \$ _____
 Amount to be charged

Printed Name _____

Signature _____