

Registration Form

Have you attended High Point Camp before? Yes No

Name _____

Date of Birth _____ Male Female

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____ Cell Phone _____

Email _____

Church Name _____

City _____ State _____

Pastor _____ Youth Pastor _____

Emergency Contact _____

Relation to Camper _____

Emergency Phone _____

Last Tetanus Booster _____

Allergies _____

Any Medical Problems _____

Parent Signature _____

I give permission for my child to receive any emergency treatment needed by a licensed physician while at High Point Camp.

Detach and mail registration form with complete payment to:

High Point Camp
P.O. Box 188
Geigertown, PA 19523

Junior - Grades 3-6

January 13-14

Forrest Chapman

Cost: \$60

Teen 1 - Grades 7-12

January 20-21

Chris Schank

Cost: \$60

Teen 2 - Grades 7-12

February 10-11

Ryan Dupee

Cost: \$60

Teen 3 - Grades 7-12

February 17-18

Jason George

Cost: \$60

Extra Night

Cost: \$15

(Includes Sat. dinner and Sun. breakfast.
Available for groups with leaders only.)

Note: Please remember to add \$10 to the cost if postmarked within 10 days of the beginning of camp.

OFFICE USE ONLY Cash MO/Check _____

Amount \$ _____ Ck Date _____

Paid By _____ Postmarked _____

Entered _____ By _____