

Please **PRINT or TYPE** the following information:

Name of Event: _____

❖ Check here if this is your first camp experience at either Pilgrim Park or Tower Hill Camp

Name _____ Date of Birth ____/____/____ Male Female
Month/Day/Year

Name _____ Date of Birth ____/____/____ Male Female
Month/Day/Year

Mailing Address _____

City, State, Zip _____

Home Phone (_____) _____ E-mail _____

❖ For planning purposes, are there any concerns or dietary needs that we should be aware of? Yes No

Please explain _____

\$50.00 non-refundable deposit per person is required.

To Register By Mail: (Registrar, Illinois Conference Outdoor Ministries, 26449 1340 N Ave, Princeton IL 61356-8790)
*Please make your check payable to **Outdoor Ministries***

To Register By Phone: (815-447-2390) or **Fax:** (815-447-2205) or **E-mail:** odmregistrar@gmail.com

Pay by Check: Check Number _____ Amount \$ _____

Charge my (check one) Visa MasterCard Amount \$ _____

Card Number _____ Exp. Date _____ CVS# (3 digits on back) _____

Signature _____ Date _____

Name Printed on Card _____

Mailing Address _____ Zip _____

If your church is going to assist your camper financially, fill in the amount they will be contributing: \$ _____
(Note: Family is responsible for full amount until church portion is paid.)

Church Name _____ City/Town _____

SIGNATURE REQUIRED

I confirm that the information provided is correct to the best of my knowledge. I understand that **a \$50.00 non-refundable deposit is required per person** at registration in order to guarantee a spot at camp and the **remaining balance is due no later than 2 weeks prior to the start of camp.** I understand that if I find it necessary to cancel a registration, cancellations must be made at least 2 weeks prior to the event in order for me to receive a refund and that the \$50.00 deposit is non-refundable and will be held as a service fee.

Signature _____ Date _____

ADULT PERMISSION & HEALTH STATEMENT

EVENT NAME: _____

This form must be completed & signed by ALL Adults (1 adult per form).

Yes No

I give permission for audio and visual recordings of myself to be used by Outdoor Ministries and the Illinois Conference of the UCC for promotional purposes.

Please PRINT:

First Name: _____ Last Name: _____

Birthdate: _____/_____/_____

I have the following health issues: _____

I have the following dietary restrictions or food allergies: _____

Please complete:

Emergency Contact Person: _____

Day Phone Number: (_____) _____

Evening Phone Number: (_____) _____

X _____

Signature

Date