

2016 CHILDREN/YOUTH CAMP REGISTRATION FORM

CAMPER

PLEASE PRINT CLEARLY



Camp forms will be sent via email through formvites link.

First Name: _____ Last Name: _____ Nickname: _____

Mailing Address: _____ City: _____ State _____ Zip: _____

Home Phone: _____ Other Phone: _____ E-mail: _____

Date of Birth: _____ Age (at time of camp) _____ Gender: Male Female Grade Entering in fall '16: _____

T-Shirt Size (Adult Sizes): S M L XL XXL Local Church: _____

Active in Youth Group or Sunday school? Yes No Confirmed? Yes No

PARENT/GUARDIAN

1. First Name: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

2. First Name: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Child lives with both: _____ Parent 1: _____ % Parent 2: _____ %

EVENTS

CHILDREN (3rd-6th)
Toyon Kids Camp: July 10-15
Super Kid Camp: July 17-23

JUNIOR HIGH (7th - 9th)
Camp Quest: July 10-15
Super Camp: July 17-23

***AGES (see requirements below)**
Toyon L.I.T. Camp: July 10-15
Lodestar L.I.T. Camp: July 17-23

OTHER CAMPS
Impact L.I.T at Toyon (ages 16-19): July 10-15

*Lodestar and Toyon LIT camps are for teens 14 years of age AND have completed 9th grade, but not older than 15.

TIER PRICING: TIER 1, TIER 2 AND TIER 3

We have realized families have differing abilities to pay for summer camp. In order to reach more children, we have instituted a voluntary 3-tier pricing program. This pricing program is voluntary and in no way influences the experience children receive at camp.

Toyon Kids, Camp Quest, Toyon L.I.T, Impact L.I.T - \$440, \$390, \$340

Super Kid, Super Camp, Lodestar L.I.T - \$430, \$365, \$315

If you are interested in **VOLUNTEERING** at one of our summer camps, please fill out the **VOLUNTEER** application form at www.calnevyp.org

PAYMENT INFORMATION

\$100 deposit per camper due at time of registration, balance of fees due 30 days before first day of camp session. Application will not be processed without deposit.

PRICE OF CAMP (Tier 1, 2 or 3) \$ _____
(Please enter price you choose to pay)

TOTAL AMOUNT ENCLOSED \$ _____

BALANCE DUE \$ _____

Amount of camp scholarship \$ _____

Pay by Credit Card:



Card Number _____

Expiration Date _____ 3 digits on back _____

Amount to Charge \$ _____

Card Holder Signature _____

Make Check Payable to:

CA-NV Annual Conference
Attn: Camp Registrar
PO Box 980250
West Sacramento, CA 95798-0250

Ph. 916-374-1528
Fax 916-372-5544