

Amount Enclosed \$ \_\_\_\_\_

## CAMP HOPEWELL 2009 APPLICATION FORM

NAME \_\_\_\_\_

NAME FOR NAME TAG \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER \_\_\_\_\_

CABIN MATE REQUEST \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

HOME PH \_\_\_\_/\_\_\_\_/\_\_\_\_\_

HIS CELL PHONE \_\_\_\_/\_\_\_\_/\_\_\_\_\_ HER CELL PHONE \_\_\_\_/\_\_\_\_/\_\_\_\_\_

HIS WORK PH \_\_\_\_/\_\_\_\_/\_\_\_\_\_ HER WORK PH \_\_\_\_/\_\_\_\_/\_\_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_

**CAMP CHOICES:**

1<sup>st</sup> \_\_\_\_\_, DATES \_\_\_\_\_ FEE \$ \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_, DATES \_\_\_\_\_ FEE \$ \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_, DATES \_\_\_\_\_ FEE \$ \_\_\_\_\_

PLEASE BILL MY MC \_\_\_\_\_ or VISA \_\_\_\_\_ FOR \$ \_\_\_\_\_

CARD # \_\_\_\_\_

Expiration \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_ Please send Campership Form

Please bill my church for \$ \_\_\_\_\_. Signature of Pastor or church official required.

Signature \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_

Deduct \$10 from event fee for second & each additional week. Photographs or video of the above named person

\_\_\_\_ may / \_\_\_\_ may not be used on Hopewell web page or for publicity.

\_\_\_\_\_  
Parent/Guardian signature

**NOTE: (You may pay any amount toward the total fee, but a minimum deposit of \$50 per week is required, \$150 for rafting trip.)**