

TALL OAKS CAMPER REGISTRATION

SUMMER CAMP AND CONFERENCE CAMPS

Christian Church (D.O.C.) of Greater Kansas City

For office use only:

CAMPER: _____

CAMP: _____

***THE REGISTRATION FORM MAY BE FILLED OUT "ON-LINE" AFTER February 1 or with paper form.**

Note: Campers registering on line will receive a \$5.00 discount from either the Early Bird or Regular rate.

***PLEASE FILL OUT ALL INFORMATION COMPLETELY TO SPEED UP REGISTRATION.**

***HEALTH/COVENANT TO PARTICIPATE FORM MUST BE DONE ON PAPER COPY AND SENT TO YOUR D.O.C. CHURCH ALONG WITH A COPY OF YOUR REGISTRATION. (If not registering through a church, all registration, health & payments are sent directly to: Tall Oaks Conference Center. (See address on page 2)**

***SEND FULL PAYMENT TO YOUR CHURCH AND MAKE CHECKS PAYABLE TO YOUR CHURCH. If registering on-line there will be a credit card option to pay your portion of the fee.**

***ONE FORM PER CAMPER WHETHER YOUTH OR ADULT.**

YOUTH CAMPER

Camper Last Name: _____

First Name: _____

Name desired on name tag: _____

Birthday: _____

Gender: M F / Camper's E-mail: _____

Grade completed by summer: _____ Church _____

Circle camper T-shirt Size: Child S M L
Adult S M L XL XXL

Camp Registering for: _____

If Chi Rho Activity Camp-list activity: _____

Dates of camp: _____

(If Grandparent's Camp, list name of adult(s) attending with.)

GRANDPARENT ADULT CAMPER

GRANDPARENTS: we need a full form, with contact information, for each youth and grandparent attending.

(Fill out ONLY if attending Grandparent's Camp.)

Camper Last Name: _____

First Name: _____

Gender: M F Camper's Email _____

Church: _____

Circle Camper T-shirt Size: Adult S M L XL XXL

Camp Attending: _____ Date: _____

List others attending in your grandparent's group:

Enter address & contact information below-left.

CAMPER CONTACT INFORMATION – Camper's Home

Child camper lives with? Both Parents Father Mother Guardian

Please fill out completely for camper's primary residence

Parent (or adult's) Last Name: _____

Parent (or adult's) First Name: _____ (relationship) _____

Youth or Grandparents contact information.

Home Ph: () _____ Work Ph: () _____

Cell Ph: () _____ E-mail: _____

Family's (Camper's) Primary Street Address: _____

City/State/Zip: _____

Second Parent (or adult) at home

Last Name: _____

First Name: _____ (relationship) _____

Home Ph: () _____ Work Ph: () _____

Cell Ph.: () _____ E-mail: _____

EMERGENCY CONTACT—If parent not available.

Name: _____

Relationship: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

EXTENDED FAMILY or Non custodial Parent

(optional)

Last Name: _____

First Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

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Page 2

For Office Use Only:

CAMPER: _____

CAMP: _____

PARENTS: Please tell us one thing about your camper we need to know.

CUSTODY RESTRICTIONS?

If so, please explain:

Please attach legal custody document if applicable

SIGNATURES

CAMPER: _____ DATE: _____

PARENT/GUARDIAN: _____ DATE: _____

Note: Signatures are required on both this registration form and the health/permission form.

Fee Worksheet to Complete.

If registering before May 1 take \$25.00 off the regular rate to get the early bird discount. Remember if you register on-line you will receive an additional \$5.00 off.

Regular Camp Fee \$ _____

Deduct "Early Bird" (if applicable) - _____

Sub Total (Camper cost) \$ _____

CHURCH

Deduct Church Scholarship (if applicable) - _____

Amount Due From Parent \$ _____

Payment method: _____ Cash or Check number: _____

PARENTS

* If you are registering your camper through a K.C. D.O.C. church send your portion of payment to the church along with the forms. Churches will be billed for all campers after all registrations are received.

* If NOT registering through a K.C. D.O.C. Church full payment should be sent to Tall Oaks.

For Tall Oaks use only

Received from Church \$ _____

Received from Parents \$ _____

Balance Due _____

Regional Scholarship Request Y N

requested amount _____

form received Y N

Date Registration Entered _____

Initials _____

If NOT registering through your church

Send forms & payments to

TALL OAKS

CONFERENCE CENTER

Attn: Summer Camps

P.O. Box 116

Linwood, KS 66052