

## Feb Camp Registration Form February 17-20, 2012

Use one form per participant and please complete both pages and sign.  
Parent/Guardian must sign for youth ages 17 or younger.

**Send registrations with full payment, payable to:**  
**SCNC-UCC**  
2401 North Lake Avenue, Altadena, CA 91001  
Phone: 626-798-8082, Fax: 626-798-6648

**Camper Fees:**  
\$175 postmarked on or before 01/16/12  
\$200 postmarked after 01/16/12

Participant Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
First      Middle Initial      Last

Address: \_\_\_\_\_  
ADDRESS      CITY      STATE      ZIP

Email address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

Camper     Counselor    Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

T-shirt:  Child Size indicate: S, M, L or Request vegetarian meals:  yes  no  
 Adult Size indicate: S, M, L, XL, XXL, XXXL

Do you have a church affiliation?  
 Check One:  UCC     DOC     Other: \_\_\_\_\_

Local Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Youth Leader or Pastor: \_\_\_\_\_

**REQUEST for CABIN MATES: Cabins will be pre-assigned.**

You may list up to three campers you would like to have in your cabin. Please include the name of the church they attend. Unfortunately, we can not guarantee that we will be able to honor your request, but we promise to do our best.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_

**Media Release**

Do you as parent/guardian or participant (if 18 years old or older) grant to Pacific Southwest Region, DOC (PSW-DOC) and Southern California Nevada Conference, UCC (SCNCUCC) permission to photograph, film, videotape, or audiotape the participation of the above named participant in "FEB Camp Feb 17-20, 2012"? Do you further agree that any or all of the material may be used, in any form, in productions by or for the PSW-DOC or SCNCUCC and further, that such use shall be without payment of fees, special credit or other compensation?  
 Please **initial:** \_\_\_\_\_ YES \_\_\_\_\_ NO

You must also complete and sign page two, the health information form, on the back or attached.

<b>Office Use Only</b>		
<b>Postmark date</b> _____		
<b>Amt. Rec'd</b> _____	<b>Check#</b> _____	<b>Date rec'd.</b> _____
<b>Amt. Rec'd</b> _____	<b>Check#</b> _____	<b>Date rec'd.</b> _____
<b>Amt. Rec'd</b> _____	<b>Check#</b> _____	<b>Date rec'd.</b> _____

