

EAST OHIO CAMPS FAMILY EVENT REGISTRATION FORM

(Do not use for Summer Camp Registration—go to www.eastohiocamps.org or call 1-800-831-3972 ext. 108 for a summer camp registration form)

Registrar office hours are Monday to Friday from 8:30 am to 4:00 pm

Family Members attending:		
Name	DOB	F <input type="checkbox"/> M <input type="checkbox"/>
Name	DOB	F <input type="checkbox"/> M <input type="checkbox"/>
Name	DOB	F <input type="checkbox"/> M <input type="checkbox"/>
Name	DOB	F <input type="checkbox"/> M <input type="checkbox"/>
Name	DOB	F <input type="checkbox"/> M <input type="checkbox"/>
Name	DOB	F <input type="checkbox"/> M <input type="checkbox"/>
Name	DOB	F <input type="checkbox"/> M <input type="checkbox"/>
Address:		
City	State	Zip
Home Phone	Work Phone	Cell
E-mail		
<input type="checkbox"/> First time to East Ohio Family Camp. Where did you hear about East Ohio Camps: <input type="checkbox"/> Local Church <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/> Return visit to East Ohio Family Camp. How many years have you attended East Ohio Camps?:		
We will be attending with another family <input type="checkbox"/> No <input type="checkbox"/> Yes Other Family Name _____		
We will arrive at _____ (time) on _____ (day)		
Checks should be made payable to: East Ohio Conference Mail to: East Ohio Camps, PO Box 76021, Cleveland OH 44101-4755		
CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Credit Card # _____ Exp Date _____ Card Holder Signature _____ Card Holder Address _____		

EVENT REGISTRATION:
Asbury: <input type="checkbox"/> Grandparent Grandchild <input type="checkbox"/> Family Canoe <input type="checkbox"/> Retreat Center Room <input type="checkbox"/> Rustic Cabin <input type="checkbox"/> Dads with Kids <input type="checkbox"/> Retreat Center Room <input type="checkbox"/> Rustic Cabin <input type="checkbox"/> Moms with Kids <input type="checkbox"/> Retreat Center Room <input type="checkbox"/> Rustic Cabin
Wanake: <input type="checkbox"/> Grandparent/Grandchild <input type="checkbox"/> Mother/Daughter Overnight <input type="checkbox"/> Father/Son Overnight <input type="checkbox"/> Camp-O-Rama <input type="checkbox"/> Retreat Center Room <input type="checkbox"/> Rustic Cabin <input type="checkbox"/> Tent <input type="checkbox"/> Trailer <input type="checkbox"/> Labor Day Family <input type="checkbox"/> Retreat Center Room <input type="checkbox"/> Rustic Cabin <input type="checkbox"/> Tent <input type="checkbox"/> Trailer
I have read the refund policy and understand the terms of registration. The Camp Administration has my permission to authorize emergency medical procedures and to use photographs in promotional materials. I understand that a properly completed family health form is required for attendance.
_____ Signature Date
Church information is optional and used for reporting purposes only. We do not bill your church.
Church Name
Pastor's Name
Church Address
District
Church Conference Appointment #
(The five digit appointment number can be obtained through your local church office or from the conference journal)
If not a United Methodist Church—what denomination: _____