

2008 Camp Reservation Form

Correspondence Course:

A copy of the Award Certificate must be received at least two weeks before arrival.

Camp fee:

___ \$150 per camper full payment enclosed
 ___ \$50 per camper deposit enclosed

Junior Camps (Ages 8-12)

___ June 9-14 **Male-FULL**
 ___ June 16-21 **FULL**
 ___ July 7-12 **Male-FULL**
 ___ July 14-19 **FULL**

Middlers Camp (ages 12-14)

___ July 21-26

Teen Camps (ages 13-18)

___ June 23-28 **FULL**
 ___ July 28-Aug 2

Retreat fee:

___ \$75 per camper full payment enclosed
 ___ \$50 deposit enclosed

Teen Retreat (ages 13-18)

___ May 2-4
 ___ September 5-7

Name _____

___ Male ___ Female Age ____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip _____ + _____

I live with: (Please Circle) Parent / Guardian / Other, Mr. & Mrs. / Mrs. / Mr. / Ms.

1st parent _____

Home Phone (____) _____ - _____

Work Phone (____) _____ - _____

Cell Phone (____) _____ - _____

2nd Parent _____

Phone (____) _____ - _____

I will be picked up by: _____

Emergency contact (not in same home): _____

Relationship _____

Home Phone (____) _____ - _____

Work Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Church Name _____

Pastor _____ Group Leader _____

Address _____

City _____ State _____ Zip _____ + _____

I also understand and agree to abide by all the camp policies and any restrictions my parents have stated.

Camper Signature _____ **Date** ____/____/____

The above information is correct to the best of my knowledge. He/she has permission to engage in all camp activities. I hereby give permission to the medical personnel selected by camp director to order X-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give my permission to the doctor selected by the Camp Director to secure and administer treatment, including hospitalization for my above-named child. I further release Cedine from all liability beyond the accident insurance carried by the camp. Furthermore, I understand that pictures will be taken during my child's time at camp, and I give my permission for the use of such pictures containing my child's likeness (and/or my likeness) for the promotion of Cedine's camp or conference ministry.

Guardian Signature _____ **Date** ____/____/____

For Office Use Only

Date Rec'd _____

Amt. Rec'd \$ _____

Computer: _____

Acknowledged: _____

Health Form on File: _____

___ **New Camper**
 ___ **Returning Camper**

Camp Activities: (Choose at least four and number them according to preference)

- ___ Archery
- ___ Biking
- ___ Canoeing
- ___ Fishing (Jr Camps only)
- ___ Horses
- ___ Riflery
- ___ Swimming
- ___ Crafts (Middler/Teen only)
- ___ Choir (Teen only)

I want to be in a cabin with _____

He/She **must** be the **same age** and **must** have you as well. **Otherwise the request will not be honored.**

Print, Fill Out and send to Cedine

CEDINE BIBLE CAMP
Attn: Camps
333 Cedine Camp Rd.
Spring City, TN
37381-6132