



Sierra Christian Service Camp

44503 Old Stage Road, Posey, CA 93260 Phone: (661) 536-8555

Web: www.sierrachristianservicecamp.org

Email: SCSCDirector@yahoo.com

Family Camp Registration Form September 2-5, 2011

Mail completed Registration Form and a \$20 non-refundable deposit to the Camp Office by August 15:

44503 Old Stage Road - Posey, CA 93260 (additional forms may be printed off of our website)

1. **Family** (Father, Mother & Children still living at home) **\$175.** Add \$10 for each child 18 and older.
2. **Single** (Mother or Father & Children still living at home) **\$75.** Add \$10 for each child 2-9, and add \$50 for each child 10-17. Add \$75 for each child 18 and older.
3. **One Day / Partial Day is \$25 per adult.** Add \$5 for each 2-5; \$10 for each 6-16; \$20 for each 17+.
4. **Single Meal (No Chapel or Activities) \$10** for Adults, \$5 for Children 2-9.

Note: Late Registration (forms received after August 15, 2010) will have an additional \$20 charge.

Family Information

Name of Adult 1 _____ Male ___ Female ___

Name of Adult 2 _____ Male ___ Female ___

Names of Children (0-23 mos.) _____

Names of Children (2-9) _____

Names of Children (10-17) _____

Names of Children (18 and up) _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Cell (____) _____ Email _____

Emergency Contact Person _____ Relationship _____

Phone (____) _____ Cell (____) _____

Church Home _____ City _____

Has the family been to an SCSC before? Yes ___ No ___ Unknown ___

Has the family made a decision to follow Christ? Yes ___ No ___ Unknown ___

Has the family been baptized? Yes ___ No ___ Unknown ___

Do you plan to stay in a: Cabin ___ RV/Trailer ___ Tent ___ Other _____

Cabin-mate request(s) _____

Other notes/requests _____

Sierra Christian Service Camp is open to all persons without regard to race, creed, color or national origin.

Health Information

Due to new health regulations; any special considerations I.E. allergies to medications or other health concerns must be in writing and signed by parent or legal guardian.

1. _____

2. _____

3. _____

Health Insurance Information:

Name of Insurance Company _____

Address of Insurance Company _____ City _____ State _____ Zip _____

Policy Number _____ Group Number _____

Name of Insured _____

Address _____ City _____ State _____ Zip _____

Adult Signature _____ **Date:** _____