

## Camp Findley 2008 Summer Camp Registration Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_  
 Sex \_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ **Grade as of September 1** \_\_\_\_  
 Mother / Father /  
 Guardian's Name \_\_\_\_\_ Guardian's Name \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

1st Choice \_\_\_\_\_

	Number	Date	Name
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2nd Choice \_\_\_\_\_

	Number	Date	Name
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T-Shirt Size: \_\_\_\_\_ Roommate Request \_\_\_\_\_  
 (Indicate Youth or Adult & Shirt Size)

Please attach a separate page if you need to share a special need or concern regarding your child such as learning disability, special diet, etc.

Camp Cost:           \$ \_\_\_\_\_

Deposit  
 Enclosed:           \$ \_\_\_\_\_

Balance Due:        \$ \_\_\_\_\_  
 (Balance is due at least two weeks prior to the start of the camp.)

Full amount is due upon registration if paying with Credit Card.

Credit Card #: \_\_\_\_\_

Name as it appears on Credit Card \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 (Please circle one)    **Mastercard**    **Visa**    Security Code (3 or 4 digit # on back of card) \_\_\_\_\_

**A Non-Refundable & Non-Transferable**  
 Registration Deposit of \$50 **MUST**  
 accompany this form.

**Checks Payable:** WNY Conference

**Mail to:** 
 Camp Registrar ☐  
 131 John Muir Dr.  
 Buffalo, NY 14228-1147

\*My child has permission to attend camp. Photos which include my child may be used for camp publicity.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Local Church \_\_\_\_\_ District \_\_\_\_\_