



Camp of the Cross Ministries Summer Registration

1228A 47th Avenue NW | Garrison, ND 58540 | 701-337-2246
 www.campofthecross.com | info@campofthecross.com

Please print clearly in black or blue ink. Submit this form by mail or email.
 Send or submit \$50 deposit (per program, non-refundable after May 1) to complete registration.

Information

Camper Name Male Female Birthdate

Parent or Family Name(s) (if applicable) Contact Phone

Address Contact Cell

City State Zip Code Contact Email

Grade Entering (Fall 2010) On Facebook? On Twitter? On Campography?

Home Congregation Pastor's Name

Programs

Select camp Program(s) and Date(s). Selecting multiple dates or programs reserves spots in each program selected. Sign up by grade entering Fall 2010

Elementary	Junior/Senior High	Specialty
<input type="radio"/> Camp Fun Day 6/3 FREE <input type="radio"/> Day Camp On Site (no deposit) \$15 <input type="checkbox"/> 6/30 (W) <input type="checkbox"/> 7/1 (Th) <input type="checkbox"/> 8/10 (Tu) <input type="checkbox"/> 8/11 (W) <input type="checkbox"/> 8/12 (Th) <input type="radio"/> Voyageurs \$245 <input type="checkbox"/> 6/27-6/29 (S-Tu) <input type="checkbox"/> 8/1-8/3 (S-Tu) <input type="checkbox"/> 8/4-8/6 (W-F) <input type="radio"/> Homesteaders \$245 <input type="checkbox"/> 6/27-7/1 (S-Th) <input type="checkbox"/> 7/18-7/23 (S-F) <input type="checkbox"/> 7/25-7/30 (S-F) <input type="checkbox"/> 8/1-8/6 (S-F) <input type="radio"/> Prairie Dwellers \$245 <input type="checkbox"/> 6/27-7/1 (S-Th) <input type="checkbox"/> 7/18-7/23 (S-F) <input type="checkbox"/> 7/25-7/30 (S-F) <input type="checkbox"/> 8/1-8/6 (S-F)	<input type="radio"/> NightPathfinders 7/11-7/16 (M-F) \$245 <input type="radio"/> TruthSeekers 7/11-7/16 (M-F) \$245 <input type="checkbox"/> Disciple Training no add. fee <div style="background-color: #d4c08c; padding: 5px; text-align: center; margin-top: 10px;">Adults and Families</div> <input type="radio"/> Parent/Grandparent and Me \$85/ea <input type="checkbox"/> 6/13-6/15 (S-Tu) <input type="checkbox"/> 6/16-6/18 (W-F) <input type="radio"/> 55 and Better 7/20-7/23 (S-W) \$90 <input type="radio"/> All God's Family 8/6-8/8 (F-Sun) \$50/adult(16+) \$35/child(6-16) Free (5-) Choose lodging type for All God's Family Camp <input type="checkbox"/> Campground (personal tent/RV) <input type="checkbox"/> Cabins	<input type="radio"/> Camp Celebration! 6/13-6/16 (S-W) \$215 <input type="radio"/> Art Camp 6/20-6/24 (S-Th) \$245 <input type="radio"/> Sports Camp 6/20-6/24 (S-Th) \$245 <input type="checkbox"/> Football <input type="checkbox"/> Soccer <input type="checkbox"/> Volleyball <input type="checkbox"/> Golf <input type="radio"/> RBM Fishing Camp 6/20-6/24 (S-Th) \$245 <input type="radio"/> Guitar Camp 6/27-7/1 (S-Th) \$245 <input type="radio"/> Adv. Fishing Camp 6/27-7/1 (S-Th) \$245 <input type="radio"/> Trekkers 7/18-7/23 (S-F) \$260 <input type="radio"/> Dreamcatchers 7/18-7/23 (S-F) \$225 <input type="radio"/> InTents <input type="checkbox"/> 7/11-7/16 (S-F) Gd. 8-Grads \$220 <input type="checkbox"/> 8/1-8/6 (S-F) Gd. 5-8 \$220

Cabinmate Request (optional)

Family Camp Participants:

Parent/Grandparent and Me Participants:

Names, Ages, and Genders

Adult Name(s), Ages, Genders
 Child Names, Ages, Genders

Continue on next page

Please Read...

All participants listed in this registration form have permission to fully participate in all aspects of program at Camp of the Cross Ministries (CCM), except as noted. I authorize CCM and its delegated leaders, directors, and medical personnel to secure proper medical/hospital treatment deemed necessary for participant(s) named above and to arrange any necessary transportation. I release CCM and its designated leader, directors, and medical personnel from liability and claims arising from consent given in good faith in connection with medical/hospital concerns. I understand that my insurance or that of the participant(s) listed has primary coverage. I understand that CCM and its staff members are not responsible for injury related to camp participation.

I give my approval for this form to be copied as necessary for use by CCM.

I give permission for photos or videos taken of me or the participant(s) listed on this form to be used by CCM for promotional purposes.

By signing or typing my name below I acknowledge that I have read, understand, and agree to these statements.

Signed By

Discounts

- Earlybird Discount \$20 for M-TH or M-F weeks, \$10 for shorter weeks

I am returning this registration form AND submitting my deposit before May 1st.

- Family Discount \$20 per camper after one

There are more child-age campers from my immediate family attending a weeklong camp this summer. List name(s) here:

- Comeback Discount 1/2 Price

I am coming to more than one weeklong camp this summer. List other date(s) here:

- Friendraiser Discount \$20

I am bringing a friend along that is new (no registration history) to CCM this summer. Name(s) listed here:

Payment Options

Payment by check or money order:

Total \$ Enclosed:

Check Money Order

[Make payable to Camp of the Cross Ministries]

Payment by credit card:

Due to credit card fees, if a deposit or portion of total registration is paid immediately, a \$5 processing fee will be added to the transaction. If the registration is paid in full, no fee will be added.

Card Type: Visa Mastercard

Card Number:

Amount to be charged immediately:

Name on card:

Expiration Date:

Billing Address: