



2009 Camp Registration Form

Mail to: 5833 SW 29th St., Suite A
Topeka, KS 66614-5505
785.272.7622

Only one camper per form. Please complete all information. Do not leave any spaces blank. Incomplete forms will be returned. Camps are designed for the grade the camper is entering in the fall. Transitional grades of Junior and Middle School camps may opt for either one. For insurance reasons there can be no exceptions.

Camp Location: Camp Christy Cross Wind Ottawa University Westminster Woods Tall Oaks Other

Camp Name: _____

Camp Dates: _____

Last Name: _____

First Name: _____ MI: _____

Parent/Guardian Name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Gender: Male Female Grade in Fall: _____

Church: _____ Pastor: _____

Has the camper previously attended an ABCCR camp? Yes No

T-Shirt Size (Shirts are part of registration this year) YM YL YXL AS AM AL AXL AXXL

Please list any special needs, health problems, diet restrictions, etc.: _____

Total Amount Paid: \$ _____

Anticipated Scholarship/Church Financial Aid: \$ _____

(ALL FEES MUST BE PAID IN FULL BY THE CAMP START DATE. Campers applying for scholarships should consult the 2009 Scholarship Guidelines and fill out the 2009 Scholarship Application, which are available by calling the Camping Registrar at 785.272.7622 or at www.centralregioncamping.com. A \$30 fee will be assessed for all returned checks.)

_____ I would like to give to ABCCR Camp Scholarship Fund \$ _____

PARENT/GUARDIAN SIGNATURE (REQUIRED):

- I give permission to ABCCR to use photographs of campers for promotion
- I give permission for my child to participate in the challenge course and climbing tower while at camp. I release the Central Region Camping Program, the camp, and all employees, staff and volunteers of the camp, and any affiliates from liability and risks associated with participation in the low-elements challenge course at Cross Wind and the climbing tower and zip-line at Camp Christy.

Parent/Guardian Signature: _____

ABCCR Office Use Only:

Date Recv'd: _____

Indiv. Chk #: _____

Amount: \$ _____

Ch. Ck#: _____

Amount: \$ _____

Canc. Date: _____

Amt. Ref: _____

Camper ID#: _____

All correspondence and questions, including registration, refunds, cancellations, etc., should be directed to the Camping Registrar at 785.272.7622.