

SAGUARO
CAMP CEDARBROOK

Camper's Name _____

CAMPER REGISTRATION FORM

A minimum of \$100 registration fee per camper must accompany this form.

(See brochure for complete fee information.)

My son/daughter, _____ has my permission to be photographed. These photos may be used in camp newsletters and camp promotional materials. Yes _____ No _____

Signature of Parent/Guardian

Date

Standards for acceptance and participation in Saguaro Camp Cedarbrook are the same for everyone without regard to race, color, national origin or handicap. A physical examination within the past 18 months is recommended for all campers. In order to maintain an effective camper/counselor ratio, campers are accepted only when we are assured of having adequate volunteer staff. When a camper is accepted, a packet of important information will be sent out. Registrations are processed in the order received.

Contribution to help another child go to camp \$ _____ (Tax-deductible gift)

Please fill out this form, front and back and send with your deposit or full payment to:

Girl's Camp: Kathy Dolk, 6325 W. Cortez St., Glendale, AZ 85304 Phone: 623-979-1984

Boy's Camp: Faith Olson, 117 W. Seminole Dr., Phoenix, AZ 85023 Phone: 602-595-3550

Email: saguarocampcedarbrook@live.com

Camper Name _____

(Last)

(First)

Phone () _____ Cell () _____

Address _____

City _____ State _____ Zip _____

Office Use Only

Parent's Email* _____

Date of Birth _____ Grade entering next fall _____ Sex ____ M ____ F

Name of Parent/ Guardian _____

Is this your first year at camp? Yes No

Note: You do not need to attend church to come to camp.

Name of church you attend _____

I prefer _____ as a cabin mate. (Must be in your own grade.)

Are you the son/daughter of a 2010 camp staff member? Yes No

I am applying for the CILT program. (See brochure for details.) Yes No

***Please send the confirmation/information packet to me via email attachments U.S. mail**