



Hillsboro, OH 45133
(937) 588-2266

Name Last , First

Address _____

Age: _____ Gender: _____ City _____ State _____ Zip _____

Telephone: (____) _____ Church Home _____

Camper Email address: _____

**** Do no mail registration forms here ****

Registration Policies:

- ◇ Registration form must be completed and signed by both parent and camper.
- ◇ A separate form is needed for each camper / event combination.
- ◇ Mailed in registrations must be **received** at least 2 weeks prior to the event.

Visit our web site for

- On-line registration
- Camper Medical Forms
- More information

Select Event:

Instructions:

1. Fill in all input fields
2. Print the completed form
3. Save a copy (optional)
4. Sign the completed form
5. Mail it to the address in the box

Note: Do not email or fax this form.

**Mail completed form to:
Fort Hill Christian Youth Camp
c/o Rick Gamp**

12200 Rooster Tail Dr.
Pickerington, OH 43147

For more information contact:
Rick.Gamp@forthillcamp.org
(614) 837-9932

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|--|------------------------------------|
| <p>Tuition: Camper: \$190 per week (\$170 if paid in full by May 15th; \$180 if paid in full 2 weeks before camp week) Pre-Camper: (parent must be on staff) Age 4 to 6: \$75 Under 4: \$0 Retreat: See schedule</p> | Please enter the amount due |
| <p>T-shirt: # of shirts: _____ x \$10 = Size1: Size 2:</p> | |
| <p>Concession Cards: # of cards: _____ x \$5 =</p> | |
| <p>Camp Photo: # of photos: _____ x \$5 =</p> | |
| <p>Total Amount Due:</p> | |
| <p>Office Use Only Rec'd: _____ Paid: _____ Due: _____</p> | |

This camper **has been charged with a crime** involving harming or threatening to harm another individual (you will be contacted to get more information).

CAMPER: I hereby agree to abide by all rules of Fort Hill Christian Youth Camp and agree that my picture may be used in publicity for the camp.

PARENT: Fort Hill Christian Youth Camp (FHCYC) is hereby authorized to arrange for my child whatever medical or emergency treatment per my instructions on the Camper Medical Form. Parents will be notified if the health care provider believes the camper should be taken off site for diagnoses or treatment.



Camper's Signature _____

Parent's Name: (Print) _____

Parent's Signature _____ **DATE** _____

Home Telephone: _____ **WORK** _____ **CELL** _____

Parents e-mail: _____