



Fort Hill Christian Youth Camp Registration

www.forthillcamp.org

2021

Hillsboro, OH 45133
(937) 588-2266

Name Last, _____ First _____

Address _____

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

Telephone: (____) _____ Church Home _____

Camper Email address: _____

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 **re-ceived** at least 2 weeks prior to the event.

Visit our web site for

- [On-line registration](#)
- [Camper Medical Forms](#)
- [More information](#)

2021 Camp Weeks (ages 7-17)

___ Week 1	Phillis	Jun 13—19
___ Week 2	Tidwell	Jun 20—26
___ Week 3	Adams	Jun 27—Jul 3
___ Week 4	Mayes	Jul 5—Jul 11
___ Week 6	Hopkins	Jul 19—24
___ Week 7	Gampp	Jul 25—31

2021 Retreats

per person fee

___ Winter Teen	Not Offered	n/a
___ Spring Teen	Not Offered	n/a
___ Young Adults	May 28—30	\$50
___ Ladies	Jun 11—12	\$50
___ Golden Agers	TBD	free
___ Fall Teen	Oct 15—17	\$50

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

12200 Rooster Tail Dr.
Pickerington, OH 43147

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

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. I agree that any picture/image taken at camp may be used in publicity for the camp.

PARENT: Fort Hill Christian Youth Camp (FHICYC) 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: _____

Tuition: Camper: \$200 per week (\$180 if paid in full by May 15th; \$190 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	Please enter the amount due
T-shirt: # of shirts: _____ x \$10 = Sizes: Youth: S M L Adult: S M L XL XXL	
Concession Cards: # of cards: _____ x \$5 =	
Camp Photo: # of photos: _____ x \$5 =	
Total Amount Due:	
Office Use Only Rec'd: _____ Paid: _____ Due: _____	

