Fort Hill Christian Youth Camp Registration

www.forthillcamp.org

2017

13500 Fort Hill Road
Hillsboro, OH 45133
(937) 588-2266
** camp address, not for registration forms **

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 received at least 2 weeks prior to the event.**

Visit our web site for

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

Mail completed form to:
Fort Hill Christian Youth Camp
c/o Rick Gampp
6860 Ridgeway Ct.
Pickerington, OH 43147

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

2017 Camp Weeks (ages 7-17 unless noted)

____	Week 1	**Phillis**	Jun 11—17
____	Week 2	**Tidwell**	Jun 18—24
____	Week 3	**Wyckoff**	Jun 25—Jul 1 (ages 7-12)
____	Week 4	**Parsley**	Jul 2—8
____	Week 5	**McCray**	Jul 9—15
____	Week 6	**Hopkins**	Jul 16—22
____	Week 7	**Gampp**	Jul 23—29

2017 Retreats

		per person fee
___	Winter Teen	Jan 13—15 $45
___	Spring Teen	Apr 28—30 $45
___	Men's	May 12—13 $45
___	Family	May 26—29 $50 ($250 max)
___	Ladies	Jun 9—10 $45
___	Golden Agers	Sep 12—14 $45
___	Fall Teen	Oct 6—8 $45

	Please enter the amount due
Tuition: Camper: **$180** per week ($160 if paid in full by May 15th; $170 if paid in full 2 weeks before camp week) Pre-Camper: (parent must be on staff) Age 4 to 6: **$50** Under 4: **$0** Retreat: See schedule	
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: _____

☐ 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 (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: _____