Fort Hill Christia	n Youth Camp Registration w	ww.forthillcamp.org	2018
Hillsboro, OH 45133 (937) 588-2266	Name Last, First Address		_
Age: Gender:	CityState	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	2018 Camp Weeks (ages 7-17) Week 1 Phillis Jun 10—16 Week 2 Tidwell Jun 17—23 Week 3 Adams Jun 24—30 Week 4 Mayes Jul 1—7 Week 5 McCray Jul 8—14 Week 6 Hopkins Jul 15—21 Week 7 Gampp Jul 22—28	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	ease enter e amount due
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	2018 Retreats per person fee Winter Teen Jan 12—14 \$50 Spring Teen Apr 27—29 \$50 Men's May 18—19 \$50 Ladies Jun 8—9 \$50 Golden Agers Sep 11—13 \$50 Fall Teen Oct 5—7 \$50	# 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:	
• • •	with a crime involving harming or threatenwill be contacted to get more information).	Office Use Only Rec'd:	

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.



Due:

Paid:

Camper's Signature	e thong churches
Parent's Name: (Print)	
Parent's Signature	DATE
Home Telephone: () WORK (CELL ()
Parents e-mail:	