Fort Hill Christian Youth Camp Registration

www.forthillcamp.org 2018

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**

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 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

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

Tuition:	Please enter the amount due
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	
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: _____