



Fort Hill Christian Youth Camp Registration

www.forthillcamp.org

2019

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 received at least 2 weeks prior to the event.

Visit our web site for

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

2019 Camp Weeks (ages 7-17)

___ Week 1 **Phillis** Jun 9—15
 ___ Week 2 **Tidwell** Jun 16—22
 ___ Week 3 **Adams** Jun 23—29
 ___ Week 4 **Mayes** Jun 30—Jul 6
 ___ Week 5 **McCray** Jul 7—13
 ___ Week 6 **Hopkins** Jul 14—20
 ___ Week 7 **Gampp** Jul 21—27

2019 Retreats per person fee

___ Winter Teen Jan 18—20 \$50
 ___ Spring Teen Apr 26—28 \$50
 ___ Men's May 17—18 \$50
 ___ Ladies Jun 7—8 \$50
 ___ Golden Agers Sep 15—17 \$50
 ___ Fall Teen Oct 18—20 \$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 (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: _____

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

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: _____

