Fort Hill Christian Youth Camp Registration

www.forthillcamp.org 2021

Hillsboro, OH 45133
(937) 588-2266
** Do no mail registration forms here **

Name _Last,_____ First _____

Address _____

Age: ____ Gender: F____ 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.**

Select Event:

(none)

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

Instructions:
1. **Fill in all input fields**
2. **Print the completed form**
3. **Save a copy (optional)**
4. **Sign the completed form**
5. **Mail it to the address in the box**

Note: Do not email or fax this form.

	Please enter the amount due
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	
T-shirt: # of shirts: _ _ x $10 = Size1: **2XL** Size 2: **2XL**	
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 and agree that my picture 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: _____