



# WINTER WEEKENDS 2012 Registration Form

Use a separate form for each person attending a weekend.

Name \_\_\_\_\_

If a child: father's name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Work # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

If a child: Current Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Child lives with \_\_\_\_\_

Church you attend \_\_\_\_\_ City, State \_\_\_\_\_

If a child: mother's name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Work # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**Weekend Attending** \_\_\_\_\_ March 2-4 boys \_\_\_\_\_ March 9-11 girls

**I am attending as:**

**Division:**

- Camper (child)
- Leader (adult who leads a cabin and teaches Bible Exploration)
- Helper (adult who assists the leader but does not teach Bible Exploration)
- Parent (adult with no leadership responsibilities)

- Voyager Grades 1-2
- Pathfinder Grades 3-4
- Trailblazer Grades 5-6
- Challenger Grades 7-9
- Explorer Grades 10-12

**Emergency contacts (please list someone other than address and phone listed above)**

**1: Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

**2: Name** \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

**Make checks payable to "Land o' Sunshine Camp Cedarbrook." A non-refundable deposit of \$25.00, per person, is required to hold a reservation. This deposit is part of the total fee due. Please indicate how payment will be made:**

**FEES:**

Registering two weeks in advance - \$70

Registering one week in advance - \$80

Registering less than one week in advance - \$90

**PAYMENT:**

\_\_\_\_ I am sending \$ \_\_\_\_\_

\_\_\_\_ Scholarship of \$ \_\_\_\_\_ coming from \_\_\_\_\_ church

\_\_\_\_ Please apply \$ \_\_\_\_\_ from my Cedarbrook Account

\_\_\_\_ Other payment of \$ \_\_\_\_\_ to come from \_\_\_\_\_

\_\_\_\_ I will be sending medications with my child/myself. (Please send only prescription medications. Non-prescription medications are available from our nurse.)

\_\_\_\_ I am attaching a note regarding important medical considerations/allergies/medically required diet for me/my child.

You have my permission for my child/me to attend the Winter Weekend indicated above and to participate in its activities, to sleep in a top bunk, and to receive emergency treatment if necessary. My child/I may be photographed and pictures may be used for camp promotion.

Signature of parent/guardian or adult participant: \_\_\_\_\_

If registration is for an adult, that person must sign this consent. Parent/legal guardian must sign for a child camper.

**Give this form and a check, payable to Land o' Sunshine Camp Cedarbrook, to your children's coordinator.**

If not coming with a church group, mail to Sara "Griffin" Ives, P.O. Box 8083, Tampa, FL 33674-8083

If you have any questions call 813-293-CAMP (2267) or E-mail: [weekendregistrar@LOSCC.org](mailto:weekendregistrar@LOSCC.org)