

Camp Galilee Youth Camp Registration Form

IMPORTANT: Final Payment Due Two Weeks Prior to Camp Start Date!

FOR CAMP USE ONLY

Camper #: _____

Camper Name: _____ Camp Session: _____

Sex: _____ Telephone: (____)-____-____ Session Dates: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Birth date: _____ Age: _____ Grade in Fall: _____

Parents Name(s): _____ Parents Telephone: (____)-____-____

_____ Parents Telephone: (____)-____-____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Parish: _____ City: _____ State: _____

Please assign me (if possible) to a cabin with: _____

Emergency contact: _____ Telephone: (____)-____-____

Postmark Date:	
Total Fee:	
Reply Date:	
Deposit Paid:	
Campership:	
Balance Due:	
Notes:	

Deposits are refundable up to two weeks prior to session less \$25 processing fee.

(775) 747-2260 (Voice Mail)

Deposit for registration is 1/2 of Total Fee PLEASE READ & SIGN REVERSE SIDE MAIL TO: Galilee Registrar

P.O. Box 6472

Reno, NV 89513-6472

NOTICE

A camper will be immediately dismissed and sent home at parental expense for any of the following: possession or use of alcohol by a minor; possession or use of drugs; smoking; open pit fires; playing with fire or fire-starting materials; vandalism; theft; or carrying of weapons. There will be no refund of fees following such dismissal. Parental signature of this card is contractual and indicates agreement with these conditions. Campers may NOT leave camp during the camp week.

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Applicant's Signature: _____

Parent/Guardian Signature: _____

Applications for Registration MUST have both signatures