CAMP GALILEE REGISTRATION FORM – SUMMER 2019

All forms and full payment are due by May 31. Please use a separate form for each camper. You can also register online or download extra copies of this form at galileetahoe.org/register. Questions can be addressed to the Camp Registrar by leaving a message at (775) 749-5546 or emailing registrar@galileetahoe.org. Please attach additional pages if necessary.

(Please Print)

CAMPER: _____ _____ _____ Gender: _____
last name first name name I like to be called

Birth Date _____/_____/_____ Grade in Fall 2019 _____

APPLICANT: (Parent/Adult) _____ _____
last name first middle initial relationship to camper

Mailing Address _____
street or post office box city state zip code

_____ (_____) _____ (_____) _____ _____ _____
E-mail Address primary contact home phone primary contact cell phone Religious preference, if any Name of parish

Please check one: I ____ **do** / ____**do not** want to receive important updates about Galilee's programs at the email address above.

Camper Mailing Address (if different from parent/adult) _____
street city state zip code

SESSION Please check the session/s you would like to attend. Sessions begin on Sunday and end on Saturday, unless otherwise noted.

___	Adventure Session 1	Ages 8 - 10	June 25 - 29 (Session begins on Tuesday)
___	Adventure Session 2	Ages 9 - 11	June 30 - July 5 (Session ends on Friday)
___	Family Camp	All Ages	July 7 - 13
___	Adventure Session 3	Ages 10-13	July 14 - 19 (Session ends on Friday)
___	Adventure Session 4	Ages 12-14	July 21 - 27
___	Adventure Session 5	Ages 13-16	July 28 – August 3
___	Youth Backpacking Trip	Ages 13-17	July 7 – 13
___	River Rafting Trip	Ages 14-17	July, specific dates TBA January 2019

(For family camp registrants, please attach a separate piece of paper listing the names of all family members attending as well as the ages for each child.)

* Every camper receives a free T-shirt. What size would you like to receive? _____ **(Please specify youth or adult)**
* Van transportation will be provided from Las Vegas each week for $70.00 one way or round trip. Please indicate here if you are interested in this service: Vegas to Tahoe van: ____Tahoe to Vegas van: ____Van service requires a minimum of 4 campers per session.
* Each camper may request to share their cabin with **one friend**, where possible, **if each camper requests to be with the other in writing**. Multiple requests cannot be arranged. One friend request: _____. If you're not sure if the friend you would like to request will register or request you back, please check with them first, then submit your request by postal mail or email prior to May 31.

****One of the camper dormitories will be undergoing construction in 2019 so some campers in each session will be assigned to Galilee's tipis as their cabin. Please indicate if you are open to this option: __Yes __No***

FEES: The cost for a full week of camp in 2019 is $650.00. Please note one change – Galilee is no longer offering families the option of paying at a lower rate through the three-tiered pricing options. If families need help with the fee, please consider applying for campership support. Camperships are available by contacting the Camp Registrar or downloading a form from the website www.galileetahoe.org. Please note that campership funding may not be available after May 31. Due to a significant increase in campership requests in recent years, Galilee can no longer provide campership funding for the Family Camp program. Check if applying for a campership:_____

Please circle your fee choice(s):	Full Cost
Adventure Session 1 (4 nights)	**$505**
Adventure Sessions 2 and 3 (5 nights)	**$575**
Adventure Sessions 4 and 5 (6 nights)	**$650**
Youth Backpacking Trip (6 nights)	**$380**
Family Camp Adults & Youth (ages 12+)	**$565**
Family Camp Children (4-11, 0-3 free)	**$435**
Additional Donation to the Campership Fund	**$650**

PAYMENT INFORMATION: A nonrefundable deposit of $75 per session is required to complete your registration. **Final payment is due by May 31, 2019.** Please make checks payable to Galilee. **Credit Card:** Visa___ Mastercard___ charge full amount____ charge deposit____

Card Number #: _____ Expiration Date: _____

Name on card: _____3 digit security code on back of card:_____

Credit card billing address if different from APPLICANT address above:_____

_____

Signature of card holder: _____

MAILING INFORMATION: Mail this application, additional family camp sheet, and payment to Galilee, Attn: Registrar, PO Box 236, Glenbrook, NV, 89413. Phone 775 749-5546. Scanned forms may be emailed to registrar@galileetahoe.org.

FOR CAMP USE ONLY	Camper #:
Postmark Date:	
Total Fee:	
Reply Date:	
Deposit Paid:	
Campership:	
Balance Due:	
Notes:	