

Registration Form

CAMPER INFORMATION

Name: _____ Female Birth date: _____
 Address: _____ Male Grade completed: _____
 City: _____ State: _____ Zip: _____
 Parent/Guardian: _____ Primary Phone: _____
 Email: _____ Secondary Phone: _____
 Please check if you wish to receive all mailings through email to save on paper, postage, and costs
 Emergency Contact: _____ Relation: _____ Phone: _____
 Home Congregation: _____ Congregation City: _____
 Roommate Request: _____

CAMP PROGRAM

Day Camp Adventurers Pioneers LYLE I
 Young'ns Explorer Confirmation LYLE II
 Yearlings Guitar Week

First Choice date: _____ Second Choice date: _____
 (Please indicate this for day camp, Youngns, Yearlings, Adventurers, Guitar, and Explorer programs as they are offered multiple weeks)

PROGRAM FEES AND PAYMENT METHOD

Price of Program \$ _____
 Optional donation: + \$ _____
 Early bird discount: - \$ _____
 Sibling discount: - \$ _____
 Adult Sponsor discount: - \$ _____
 Total Amount Due: = \$ _____
 Total Amount Included: \$ _____
 Balance Due upon arrival \$ _____

OPTIONAL DONATION

Briarwood believes that no camper should be turned away from summer camp because of an inability to pay. If you would like to help send children to camp please donate to Briarwood. Even \$5 would help!

EARLY BIRD DISCOUNT

\$15.00 discount if registration and deposit are submitted by May 1, 2011

SIBLING DISCOUNT

First child pays in full, second child receives \$30 discount. Third or more receives \$60 discount.

ADULT SPONSOR DISCOUNT

50% discount of program fees for adult sponsors, other discounts do not apply

Contact Jon Thompson for additional information.

Note: \$100 deposit is applied toward your camp fee and is non-refundable after May 1, 2011

Check payable to Briarwood Retreat Center—Check No. _____ Amount _____
 Credit Card Payment VISA MasterCard Discover
 Cardholder Name: _____
 Card Number: _____
 Exp. Date: _____ Amount: _____
 SIGNATURE: (for cc payments) _____

SIGNATURE OF PARENT/GUARDIAN

My child has permission to take part in all camp activities and I will not hold Briarwood or its staff responsible for accident claims and damages arising therefrom. I authorize Briarwood to take such actions as deemed necessary for the care, welfare, and health of my child including the giving of consent for medical treatment. I also give Briarwood permission to use any photographs/video of my child taken at camp in future promotional material for sites and programs.

Signature: _____ Date: _____

CONTACT INFORMATION

For further information contact
 Briarwood at:
 Voice: 940-241-2099
 Fax: 940-455-2157
 Web site: www.briarwoodretreat.org

Or email our Program Director,
 Jon Thompson, at
jon@briarwoodretreat.org.