

# Registration Form

## CAMPER INFORMATION - PLEASE PRINT

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

Yearlings  LYLE Young'ns - Half Week  Horse Camp  
 Adventurers  Explorer  A  B  C  D  Guitar Week  
 Confirmation Full Week -  E  F  Day Camp  
 First Choice date: \_\_\_\_\_ Second Choice date: \_\_\_\_\_

## PROGRAM FEES AND PAYMENT METHOD

Price of Program \$ \_\_\_\_\_  
 (This is found under the description of each program in the brochure. Adult sponsors see note on the right.)  
 Optional donation: + \$ \_\_\_\_\_  
 Early bird discount: - \$ \_\_\_\_\_  
 Sibling 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 June 1, 2012*  
**SIBLING DISCOUNT**  
 First child pays in full, second child receives \$30 discount. Third or more receives \$60 discount.  
**ADULT SPONSOR DISCOUNT**  
 Adults pay \$180 for a full week or \$90 for a half week. Adults do not qualify for early bird or sibling discounts.

Note: \$100 deposit is due with registration. The deposit is applied toward your camp fee and is non-refundable after June 1, 2012.

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 CONTACT INFORMATION

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.

For further information contact Briarwood at:  
 Voice: 940-241-2099  
 Fax: 940-455-2157  
 Web site: [www.briarwoodretreat.org](http://www.briarwoodretreat.org)  
 Or email our Program Director, Jon Thompson, at [jon@briarwoodretreat.org](mailto:jon@briarwoodretreat.org)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_