

DEAF/ASL CAMP REGISTRATION FORM

- Use this form only if you are UNABLE to register at <http://www.bwccampsandretreats.com/>.
- **To register:** fill out this form, sign it, and send it with your NON-REFUNDABLE, NON-TRANSFERABLE registration fee of \$100.00 per camper/per camp. **Make check or money order payable to** BW Conference Treasurer.
- **Mail your registration and fee to:** Summer Camp, P.O. Box 429, Churchton, MD 20733-0429.
- Camps fill on a first-come, first-served basis. Registrations are NOT accepted by phone.
- Please fill out a separate registration form for each camper.
- **If you are applying for financial aid**, fill out this form and attach it to your scholarship application (found at www.deafcampsinc.org). Send both forms to the address on the scholarship application. Once your scholarship application has been processed, you will get a letter telling you how much financial aid you have received. The camp office will bill you for the balance, if any.

PLEASE PRINT

Camper Last Name _____ Camper First Name _____

Street Address _____ City _____ State _____ Zip _____

Phone: _____ Grade **entering** in September: _____

Phone type: VOICE TTY VIDEOPHONE TEXT

Hearing status: DEAF or HARD OF HEARING HEARING

Date of birth: _____ Age: _____ Gender: _____

Is the camper eligible for Free or Assisted School Lunch? ____ YES ____ NO

How did you hear about us? ____ Church ____ Friend ____ Advertisement ____ Website ____ Other _____

Church (if applicatble, no initials) _____ District _____

Pastor's Name _____

Primary Parent/Guardian _____ Day Phone: (____) _____

Phone type: VOICE TTY VIDEOPHONE TEXT

Email address _____

Secondary Parent/Guardian _____ Day Phone: (____) _____

Phone type: VOICE TTY VIDEOPHONE TEXT

Email address _____

DIRECTORS AND COUNSELORS ONLY: If this registration is for your child, please indicate here:

____ Director's child ____ Counselor's child ____ Nurse's child ____ Staff's child

Director/counselor name _____ Camp _____

Camp: _____ Deaf Camp - Younger: Entering grades 2-6 _____ Deaf Camp - Middle: Entering grades 6-9

_____ American Sign Language Camp - Younger: Entering grades 2-6

_____ American Sign Language Camp - Middle: Entering grades 6-9

_____ Deaf/American Sign Language Camp - Older: Entering grades 9-12

Do you have a roommate request?* Name of roommate _____

**We cannot guarantee that we will meet each request; depending on number of participants, special needs and program factors we will do our best to honor these requests.*

----- Turn over please! -----

Does the camper have any physical, emotional, or mental health conditions that we should know about?

MUST BE COMPLETED

By signing here, I acknowledge that once this application is accepted for the camp listed above, **the \$100 registration fee is NON-REFUNDABLE and NON-TRANSFERABLE.** The remaining balance is due no later than one month prior to the start of my child's week of camp. If the local church is contributing to the cost, it is my responsibility to make sure payment from the church is sent one month prior to the start of my child's camp. If for some reason my child cannot attend camp after registering, written notification must be sent one month prior to the start of camp for a partial refund. If no written notification is received or if it is within one month of camp, there will be no refund. **NO EXCEPTIONS.**

I also hereby give permission for my child to attend the camp event listed above. In addition, for promotional purposes only, the Baltimore-Washington Conference has my permission to use pictures or videos that include my child.

PARENT/GUARDIAN SIGNATURE

DATE

Method of Payment: Registration fee is non-refundable. Payment may be sent:

1. Online -- log in to make full or partial payment by credit card.
2. Mail – Send check/moneyorder made payable to “BWC Treasurer” to Summer Camp, PO Box 429, Churchton, MD 20733.
3. Fax – Camper name and completed payment form below to 410-867-0991

Cash Check **Visa/MasterCard**

Total Amount to Charge _____

Print

Name of Card Holder: _____ Signature _____

Card # _____ - _____ - _____ - _____ Expiration Date _____ Verification Code _____
(month/year)

Billing Address: _____ City: _____ St: _____

Zip _____

I authorize that the total above be charged to my credit card.

Charges may show on your statement as Payment Brands, Campwise.

FOR OFFICE USE ONLY

Record # _____

Camp Code _____

	<i>Fee</i>	<i>Deposit</i>	<i>2nd payment</i>	<i>3^d Payment</i>	<i>Campership</i>	<i>Church Payment 1</i>	<i>Church Payment 2</i>
<i>Amount</i>							
<i>Check/MO #</i>							
<i>Credit Card</i>							
<i>Date</i>							