



REGISTRATION 2011

Complete Registration and Health Forms and mail to:
 NE Iowa Christian Service Camp
 Attn: Registrar – Amy Terrill
 1517 Marquis Road
 Cedar Falls, IA 50613
 e-mail-lantzterill@yahoo.com

CAMPER INFORMATION (Please fill out a separate form for each week of camp the camper is attending):

Last Name _____ First Name _____ Gender _____

Address _____ City _____ State _____ Zip _____

Age _____ Date of Birth _____ Grade This Fall _____ E-Mail _____

Home Church _____ City _____

PLEASE PROVIDE THE FOLLOWING PARENT/GUARDIAN INFORMATION:

Primary Contact _____ Relationship to Camper _____

Cell Phone _____ Home Phone _____ Work Phone _____

Secondary Contact _____ Relationship to Camper _____

Cell Phone _____ Home Phone _____ Work Phone _____

T-SHIRT SIZE (Circle One): **Adult** S M L XL **Youth** S M L

Please send \$5.00 if you would like an additional T-shirt – Size=_____

CHECK THE BOX NEXT TO PROGRAM ATTENDING:

Program	Dates	Deans	Cost	By June 1
<input type="checkbox"/> 6 th – 8 th Grade - #1	June 12-17	Warren Curry & James Williamson	\$180	\$155
<input type="checkbox"/> High School - #1	June 19-25	Hannah Burkle & John Mulholland	\$210	\$185
<input type="checkbox"/> 4 th & 5 th Grade	June 26-30	Marvin Carr & Rob Perry	\$150	\$125
<input type="checkbox"/> 3 rd & 4 th Grade	July 6-9	Dennis Platt & Rob Perry	\$120	\$95
<input type="checkbox"/> 6 th – 8 th Grade - #2	July 10-15	Rocky Woolery & Matt Sprague	\$180	\$155
<input type="checkbox"/> 5 th & 6 th Grade	July 17-21	Tim Platt & Bob Dishman	\$150	\$125
<input type="checkbox"/> 2 nd & 3 rd Grade	July 22 & 23	Linda Ahrends	\$45	\$35
Name of adult (same gender) staying with camper			2 canteens included	
<input type="checkbox"/> High School - #2	July 24-30	Brad Sheldon & Troy Titus	\$210	\$185
<input type="checkbox"/> Family Camp (Must pre-register)	August 5-7	Mike Jolley & Delbert Beard	\$80-Family; \$55-Couple; \$35-Single	

PAYMENT (Camper balance must accompany registration form. Make checks payable to NEICSC.):

Total Cost \$ _____

Less Church Assistance \$ _____

Check One: Enclosed Bill

Church to be billed: _____

Authorized signature: _____

For Director Use Only:

Camper \$ Received _____ Ck. # _____ Date _____

Church \$ Received _____ Ck. # _____ Date _____

Refunds may be requested in writing 10 days prior to camp start date minus a \$25 fee. Amount may be transferred to another camper or session. NO REFUNDS for campers that leave early unless due to an emergency.

*Note: In order to be billed the church must be a member church.