

CAMP WEED

2008 Registration Form

Mail to: **Summer Camp**
 The Episcopal Diocese of Florida
 325 Market Street
 Jacksonville, FL 32202

Registration Deadline:
May 31, 2008
 Call 386-364-6021 after this date for availabilities.

Please check the camp you're registering for:

..CAMP ST. FRANCIS
 Rising 3rd & 4th Grades
 June 18 - June 21 (\$225.00)

..CAMP ST. MATTHEW
 Rising 10th - 12th Grades
 June 22 - June 28 (\$375.00)

CAMP ST. MICHAEL
 Inner City Camp
 June 30 - July 3

..CAMP ST. PATRICK
 Rising 6th - 10th Grades
 July 6 - July 12 (\$375.00)

..CAMP ST. LUKE
 Rising 7th - 9th Grades
 July 13 - July 19 (\$375.00)

CAMP ST. ELIZABETH
 Prison Ministries Camp
 July 21 - July 24

..CAMP ST. TERESA
 Rising 7th - 9th Grades
 July 27 - August 2 (\$375.00)

..CAMP ST. JOHN
 Rising 5th & 6th Grades
 August 3 - August 9 (\$375.00)

CAMPER INFORMATION

CHECK HERE FOR FIRST TIME CAMPER

Full Name: _____ Date of Birth: _____ Age: _____

Preferred Name (Nickname): _____ Grade as of 8/07: _____ Gender: _____

Address: _____

Home Phone: _____ Email Address: _____

CAMPER ACKNOWLEDGEMENT

I agree to abide by the Rules and Regulations of Camp Weed while attending Camp St. _____
 I will not bring or use any illegal drugs, alcohol, or tobacco products, nor will I engage in any misconduct. I will not deface camp property, or break camp or cabin rules. I understand that if I do not abide by the rules and regulations of camp, I may be sent home.

 (Signature of Camper)

FIRST TIME CAMPERS ONLY - Special requests for Cabin assignments

Reasonable effort will be made to honor cabin mate requests **made by first time campers only** at Camp Weed. Requests must be on this form, and can only apply to one other person.

Requested Cabin Mate: _____

Camp Fee		_____
Discount (If applicable)*	-	_____
Canteen (Recommended \$20 per session)	+	_____
Voluntary Donation (For Camp St. Michael or St. Elizabeth)	+	_____
Total	=	_____
Deposit or Amount Paid	-	_____
Balance	=	_____

Optional Credit Card Payment

Name On Card: _____

Credit Card #: _____

Expiration Date: _____

Type of Card (Circle)
 [Amex] [Master] [Visa]

Amount to be charged: _____

* Discount of \$25 applicable to 2nd session or to additional children living in the same household.

PARENT OR GUARDIAN INFORMATION

(1) Name: _____ Relationship to child: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Other Phone: _____ Email Address: _____

(2) Name: _____ Relationship to child: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Other Phone: _____ Email Address: _____

Number of Children in family attending Camp Weed: _____

I have read and understand the information to send my child to Camp Weed. As his/her legal guardian, I approve this registration. I also understand that the registration fee is not refundable. I also understand that Camp Weed and the Diocese of Florida, while taking every precaution, will not be responsible for personal injury or loss of property, however occasioned. I understand that if my child fails to abide by the camp rules or has an unusual medical concern, I will be contacted and they may be sent home at my expense.

I also give permission for my child's photo to be used for promotional material.

(Please circle one) I [do] [do not] wish for my child to participate in any off-camp activities.

(Signature of Parent or Guardian)

PARISH CLERGY ONLY

I recommend _____ for participation at Camp Weed. I understand that my signature indicates that I believe the child has the maturity necessary to attend a camp session and that I will follow up on this child's camping experience by offering him/her the opportunity to share their experience with the congregation or to meet with me.

(Signature of Clergy)

(Parish Name and City)



We look forward to seeing you at Camp Weed!