

Dwight Mission Registration Form

PLEASE PRINT

On-line registration is available at www.dwightmission.org.

Camper Information

Camper Last Name: _____

Camper First Name: _____

Gender: Male Female Birthday: ____ / ____ / ____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Camper's E-mail: _____

Home Church: _____ City: _____

Presbytery: EOP INP CP Other: _____

Have you attended Dwight Mission camp before? If yes, in which grade(s)? please circle:

pre-K 1 2 3 4 5 6 7 8 9 10 11 12

Registration Information

Grade Entering in Fall: _____ Camp Code: _____

Camp Dates: _____

Fee & Payment Information: Church

If your church is paying all/a portion of your camp fees, please complete the following:

Name of Church: _____

City/State: _____

The church agrees to pay a portion/all of this camper's registration fee:

Yes No Amount: \$ _____ *

Signature of Pastor, Associate Pastor, Youth Director, or Church Treasurer: _____

Total Fee & Payment Information

Total Camp Fee: \$ _____

Donation to Dwight Mission: \$ _____ +

TOTAL DUE \$ _____

Due/Paid by Camper/Family: \$ _____

Due/Paid by Church
(from box above) \$ _____ *

Parent/Guardian Information

Camper lives with: Both parents Mother Father

Other: _____

Primary E-mail Address for Contact and Online Account Access: _____

Mother/Guardian Name: _____

M. Home Phone: (_____) _____

M. Work Phone: (_____) _____

M. Cell Phone: (_____) _____

Father/Guardian Name: _____

F. Home Phone: (_____) _____

F. Work Phone: (_____) _____

F. Cell Phone: (_____) _____

Camper Covenant:

I agree to observe the program rules, participate in all camp programs, and stay for the entire period of camp.

Camper's Signature: _____

Date: _____

Yes No I agree to allow my child, named above, to have his/her picture and/or likeness used in Dwight Mission print and/or internet publicity. A non-answer (neither box checked) will count as an affirmative decision, allowing Dwight Mission to use your child's likeness in publicity.

Parent/Guardian signature: _____

Date: _____

THIS FORM MUST BE ACCOMPANIED BY A \$50 NONREFUNDABLE DEPOSIT IN ORDER TO COMPLETE REGISTRATION. We accept cash, check, or credit card. FINAL PAYMENT IS DUE 2 WEEKS PRIOR TO EVENT.

Credit Card Information

Please bill my: MasterCard Visa for \$ _____

Card # _____ Exp. _____

Signature _____ Date _____

Mail to:

Dwight Mission Registrar

RR 2, Box 71

Vian, OK 74962-9224

Date	\$ Amt	Description

OFFICE USE ONLY