

TEEN CAMP 2008
Pine Summit Christian Camps
CHURCH/GROUP REGISTRATION FORM

Church Name: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Number: (____) ____ - _____ Fax: (____) ____ - _____
E-mail Address: _____

Fees:

Deposit Amount: \$100.00 per spot registered (non-refundable)
Deposit Due Date: April 18th – for all camps
Your spots will only be held once we receive the deposit
Early Bird Rate: \$300.00 per camper due by June 6, 2008
Regular Rate: \$325.00 per camper if paid after June 6, 2008
Counselor Rate: \$215.00 per counselor (Counselor to camper ratio is 1 to 9)
PS Counselor Rate: \$50.00 per camper if Pine Summit supplies the counselor

Number of Campers:

_____ x deposit \$100/ or full amount \$300 or \$325 = \$ _____

Number of Counselors:

_____ x deposit \$100/ or full amount \$215 = \$ _____

Number of Campers without a counselor:

_____ x additional \$50 per camper = \$ _____

Total Amount Enclosed: = \$ _____

Total Number of Campers & Counselors Attending: = _____

Please attach this form with your payment.