FAMILY CAMP
Registration

August 12 – August 18

Registration may be cut off one week before camp session or when the session is full.

FAMILY NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____)_____ EMAIL _____

NAME OF EACH PERSON ATTENDING: (first only if last is the same)

NAME _____ MALE ☐ FEMALE ☐ BIRTHDATE: _____/_____/_____

NAME _____ MALE ☐ FEMALE ☐ BIRTHDATE: _____/_____/_____

NAME _____ MALE ☐ FEMALE ☐ BIRTHDATE: _____/_____/_____

NAME _____ MALE ☐ FEMALE ☐ BIRTHDATE: _____/_____/_____

NAME _____ MALE ☐ FEMALE ☐ BIRTHDATE: _____/_____/_____

ATTACH A SLIP WITH ADDITIONAL NAMES AS NEEDED.

CHURCH _____

WE ARE NEW CAMPERS INVITED BY _____

★ **We desire to use** (check one):

☐ camp cabin ☐ our own tent ☐ our own trailer

CABIN REQUEST _____

★ **Check if you need electricity for your tent/trailer** ☐

Photo permission: I give permission for the use of any possible pictures that include my child to be placed anonymously on camp websites or brochures. Consent is implied if box is not checked. No: ☐

_____
SIGNATURE

TO PAY BY CREDIT CARD, PLEASE FILL OUT THE INFORMATION BELOW.

CHECK ONE: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ACCOUNT # _____

NAME ON CARD EXP DATE / CVV2 CODE AMOUNT $

Please register early! The registration fee is $50 if postmarked by June 1 and $100 if postmarked after June 1.

Make checks payable to **HIS Camps, Inc.** and mail your registration to:

Camp Iroquoina, 2341 Camp Road, Hallstead PA 18822
Attn: Summer Camp Registration

Questions: Call 570-967-2577