

2013 Registration Form

Complete registrations may be mailed to:

Impact 2818
Attn: Camp Registration
301 Pennsylvania Parkway, Suite 300
Indianapolis, IN 46280



Be GREEN and save time!
Sign up for camp online at BeACamper.com.

Camper's name: _____
Your name: _____
Your phone number: C H W (____)____-_____
Your email address: _____
Relationship to camper: _____

- Registration closes 1 week prior to the start of an event. All registrations (complete with full payment) must be received by this time.
- A parent/guardian must sign this form in order for the child to be registered.

Camper Information:

Birthdate: ____/____/____
Grade in fall 2013: _____
Street Address: _____
City, State, Zip: _____

Gender: Female Male
Church name: _____
Church city: _____
How did you hear about camp? _____

Event Information:

Event code: _____ (ex. I4012)
Camp site: _____
Start date: _____
Cost of event: \$ _____

Are you using a discount? Yes No
Discount amount? _____ (ex. 33%, \$100, etc.)
Discount code: _____
Final cost of event: \$ _____

Roommate Requests:

#1 _____
#2 _____
Please note that no more than 3 *total* campers can be roommates. Requests exceeding this will not be honored.

Payment Information:

Check enclosed: # _____ Amount \$ _____
Name on card: _____
Visa MasterCard Discover
Card number: _____ - _____ - _____ - _____
Expiration date: ____/____
Please charge \$ _____ to the card listed above.
Cardholder's signature: _____

You should receive a confirmation of your registration via U.S. Mail within 2 weeks of our receipt of this completed registration form. An information packet & medical form will be mailed to you in May. The medical form must be returned in order for the camper to attend.

In the event of my child's involvement in an emergency while at camp, I understand that every effort will be made to contact me. I hereby give permission for my child to be treated by a physician selected by the camp and/or to receive general pain medication or over the counter allergy medication at the discretion of the first aid staff. I understand that failing to disclose some medical conditions on the medical form that will follow this registration may result in an inability of the camps to serve my camper/family. Also, I understand that pictures/video may be taken of my child at camp and used for publicity purposes by Impact 2818.

Parent/guardian signature: _____ Printed name: _____

Phone number: C H W (____)____-____

Did you receive a **promo code** on a flyer or brochure? Enter it here: _____

Questions? Go to BeACamper.com or call the registrar at (888) 628-2818. Fax (317) 735-4237

Cancelation policy: Registrations canceled two or more weeks prior to the first day of the event will forfeit a \$75 cancelation fee. The balance will be refunded. Registrations canceled less than two weeks prior to the start of an event will forfeit 100% of the event's registration fee.