

# Honey Creek Summer Camp Registration Form 2009

For all sessions, send \$75 **non-refundable** deposit with this form to:

Camp Registrar, 379 Greens View Rd, Sewanee, TN 37375 **or** email in your application to ginajenk@aol.com

Make check payable to: **Summer Camp Program**. Balance of \$275 is due upon arrival.

You will receive a letter of confirmation which will have additional information about your camp session. **Check session that you are registering for:**

**High School** – Sunday June 14-Saturday, June 20 (completed grades 9-12)

**St. Gregory** – Sunday June 21-Saturday June 27 (completed grades 3-6)

**St. Peter** – Sunday July 5 – Saturday July 11 (completed grades 6-8)

**St. Joseph and Mary** – Sunday July 12-Saturday July 18 (completed grades 3-5)

**St. Francis** – Sunday July 19-Saturday July 25 (completed grades 7-9)

**\*\* T-Shirt Size** Circle One: Child S M L or Adult S M L XL \*\*

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Church \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_

Grade 08-09 Year \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

In case of need, I authorize required medical care for my child by the camp nurse, physician, or by any hospital rendering service. I also authorize any hospital or physician to release any medical or financial information to the camp representative if the need arises. The hospital or physician is released from all legal responsibility or liability that may arise from the release of this medical information.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child to be photographed for the promotion of future Diocesan youth events.

I **do not** give permission for my child to be photographed for the promotion of future Diocesan youth events.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Early Registration Special

If we receive your registration form and \$75.00 deposit by May 1, 2009 you will receive a \$25.00 discount for the cost of the remaining balance of summer camp.

For more information go to the summer camp website at [www.georgia.anglican.org/summercamp](http://www.georgia.anglican.org/summercamp) or call 912-484-4844