

# 2009 Camps Registration Form

Camp name & session \_\_\_\_\_

Camper's name (last, first) \_\_\_\_\_

male       female

Birth date \_\_\_\_\_ Grade completed June '09 \_\_\_\_\_

Name of parents/ guardians \_\_\_\_\_

Home address \_\_\_\_\_

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

Home phone \_\_\_\_\_

Day phone: Mom (      ) \_\_\_\_\_ Dad (      ) \_\_\_\_\_

E-mail \_\_\_\_\_

Church & location \_\_\_\_\_

Parent signature \_\_\_\_\_

Clergy signature \_\_\_\_\_

Name(s) of other sibling(s) attending Shrine Mont camp for sibling discount:  
\_\_\_\_\_

Adult T-shirt size   S   M   L      Youth T-shirt size   S   M   L

Additional Camper Information: \_\_\_\_\_  
\_\_\_\_\_

Send scholarship info

We will begin reviewing scholarship applications on May 1, 2009 in the order in which they are received. Funds are limited so please turn in your request to the Program Office as soon as possible.

A \$75 non-refundable deposit per camper per session must accompany the registration. (This will be applied to your total fee.) Registrations without deposits will not be processed. Make checks payable to **Shrine Mont Camps**. Please write the camper's name(s) and camp(s) on the check.

Included is a \$75 non-refundable deposit.

**Mail this form to:**  
**Shrine Mont Camps**  
**110 West Franklin Street**  
**Richmond, Virginia 23220**

## 2009 Family Conference Registration

Name (contact person): \_\_\_\_\_

List adult names: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: Home (      )      Office (      )

Parish Name and Location: \_\_\_\_\_

Special Needs/ Housing Preferences (no guarantees): \_\_\_\_\_  
\_\_\_\_\_

Children's names and ages. (to better plan activities for each age group)

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

### How many:

Adults? \_\_\_\_\_ @ \$540/wk or \$100/day \_\_\_\_\_

Infants 0-3 year olds: \_\_\_\_\_ FREE

4-7 year olds? \_\_\_\_\_ @ \$153/wk or \$47/day \_\_\_\_\_

8-12 year olds? \_\_\_\_\_ @ \$275/wk or \$78/day \_\_\_\_\_

Total Amount Due \$ \_\_\_\_\_

If you are using the day rate, indicate below which days you will attend.

\_\_\_ Sun.    \_\_\_ Mon.    \_\_\_ Tues.    \_\_\_ Wed.    \_\_\_ Thurs.    \_\_\_ Fri.    \_\_\_ Sat.

Send scholarship info

Enclose a deposit of \$100 per person. Deposit non-refundable after June 30, 2009. Make checks payable to **Shrine Mont Camps**. The balance is due June 30, 2009.

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