

STEP 4 REGISTRATION and PAYMENT INFORMATION: (Check List)

- Complete registration form (1 per camper)
- Enclose \$25 deposit or full tuition or Campership Application
- Balance due two weeks prior to the first day of the program
- Include Medical & Liability Release Form
- Include a copy of insurance card
- Make checks payable to First Presbyterian Church, Bozeman,

NOTE: Medical, Release and Campership forms can be downloaded at www.rockhavencamp.org. Or will be sent when registration has been submitted.

FOR OFFICE USE ONLY

CAMPER REGISTRATION

DATE	PROGRAM	GRADE	TUITION	# Campers
June 15 - 19	Small Adventures Day Camp	(K-5)	\$80	
June 19,20,21	Sr. High Retreat	(9-12)	\$175	
June 29 - July 3	Pioneer Day Camp	(K-5)	\$80	
July 6 - 10	Base Camp 1 - Trail Blazers	(3-5)	\$210	
July 13 - 17	Creation Day Camp	(K-5)	\$80	
July 17 - 19	Fly Fishing Camp	(All)	\$75 1st person \$50 2nd person \$25 All additional	
July 20 - 24	Music, Art Drama Day Camp	(K-5)	\$80	
July 27 - 31	Jr. High Adventure seekers	(6-8)	\$260	
Aug. 3 - 7	Base Camp 2 - Night Owls	(3-5)	\$210	

NOTE: Grade Levels are based on grade camper has completed

Group Registration - Please note the number of campers #	
	Camper Scholarship \$
SUBTOTAL	\$
	Optional Donation to Camp Scholarship Fund \$
	Optional Donation to General Rockhaven Operations \$
TOTAL CAMP COST	\$
	\$25 per session non-refundable deposit enclosed \$
BALANCE DUE	\$

I hereby certify that the information given is correct, I have completed it accurately, and will report any information that may change to the Rockhaven office. I hereby authorize the enrollment of the camper (s) into Rockhaven Camp.

Parent/Guardian Signature _____

Print Name _____

Date _____

ROCKHAVEN CAMP REGISTRATION FORM 2009

Mail or fax completed form (one per camper) with deposit or full payment to:
 Rockhaven Camp: PO Box 1150 Bozeman, MT 59771
 Phone: 406.586.9194 Fax: 406.587.3726 - You may also register online at: www.rockhavencamp.org

STEP 1 CAMPER INFORMATION:

LAST NAME _____ FIRST _____

GENDER M F BIRTH DATE ____/____/____ AGE ____ GRADE IN FALL 2008 ____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE: (____) _____ CAMPER EMAIL _____

ARE OTHER FAMILY MEMBER ATTENDING ROCKHAVEN CAMP YES NO

NAME OF CHURCH ATTENDING (if any) _____

HOW DID YOU HEAR ABOUT ROCKHAVEN? _____

Has camper been to Rockhaven before? YES NO T-Shirt Size: Adult: S M L XL

Child: S M L XL

STEP 2 PARENT / GUARDIAN INFORMATION:

PARENT / GUARDIAN 1: _____ Relationship: _____

Contact information where you can be reached during the week of camp:

DAYTIME PHONE: (____) _____ EVENING (____) _____

CELL PHONE (____) _____ EMAIL: _____

PARENT / GUARDIAN 2: _____ Relationship: _____

Contact information where you can be reached during the week of camp:

DAYTIME PHONE: (____) _____ EVENING (____) _____

CELL PHONE (____) _____ EMAIL: _____

STEP 3 ADDITIONAL INFORMATION:

In case of emergency - if you cannot be contacted, please give us the name of a friend or relative.

NAME: _____ Relationship: _____

DAYTIME PHONE: (____) _____ EVENING (____) _____

CELL PHONE (____) _____ OTHER: (____) _____

The following person is legally restricted from seeing this camper: Case # _____

Last Name _____ First _____

