

ROCKHAVEN CAMP REGISTRATION FORM

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 ext. 267 Fax: 406.587.3726 - **You may register online and complete all forms at:**
www.rockhavencamp.org

STEP 1 CAMPER INFORMATION:

LAST NAME _____ FIRST _____
 GENDER M F BIRTH DATE ____/____/____ AGE _____ GRADE COMPLETED _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE: (____) _____ CAMPER EMAIL _____
 ARE OTHER FAMILY MEMBERS 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, 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 _____

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 and Adventure Releases
- Include a copy of insurance card
- Make checks payable to First Presbyterian Church, Bozeman,

FOR OFFICE USE ONLY

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

CAMPER REGISTRATION

DATE	PROGRAM	GRADE	TUITION	TOTAL
June 19-23	Day Camp PLUS (Day Camp and 1 Overnight) (2-5)		\$220	
June 19-23	Leaders In Training (LIT) (6-9)		\$200	
June 25-30	Middle School Adventure Camp (6-12)		\$375	
July 5-8	Sr. High Adventure Retreat (9-12)		\$275	
July 10-14	Discovery Day Camp Session 1 (K-5)		\$180	
July 17-21	Discovery Day Camp Session 2 (K-5)		\$180	
July 24-28	Discovery Day Camp Session 3 (K-5)		\$180	
July 30-Aug. 4	Seekers Elementary Overnight Camp (3-5)		\$325	
NOTE: Grade Levels are based on grade camper has completed				
			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	\$

CAMPS

PAYMENT

CUT HERE

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 _____