

Registration for Camp Cazadero

Return to the NCNC Offices by mail: NCNC UCC, 16190 Foothill Blvd., San Leandro CA 94578 or email to Joy@ncnuc.org Please include your payment by check, by credit card using the credit card form, or provide the name and contact information of the church representative arranging financial aid/camperships.

Camper's Name: _____

Parent/Guardians: _____

Mailing Address: _____
Street or PO Box City State ZIP code

Email address: _____ @ _____

Phone numbers: _____

Camper's birth date: _____ Grade next school year: _____

Gender: _____ Pronoun: She He They _____

Please mark, "X", for which camp this camper will attend.

Camp	Sept. 18 Grade	Dates	"X"	EB price	Reg price
Caz You and Me	Adult	July 6-8		\$150	\$160
Caz You and Me	Grades 1-3	July 6-8		\$85	\$90
Caz Junior	Grades 4-6	July 15-21		\$475	\$510
Caz Jr. High	Grades 7-9	July 22-28		\$490	\$550
Caz Sr. High	Grades 10-12	July 8-14		\$490	\$550
Caz Community	Age 13 and up	Aug 3-5		\$125	\$150
Caz Community	Age 5 to 12	Aug 3-5		\$75	\$100

Vegetarian/Vegan/Other dietary needs: _____

Name of your Pastor: _____ Local Church: _____
Church Name City

Parent Authorization *Required for youth under age 18*

I, the parent or legal guardian of the above named registrant, hereby give permission for my child to attend the above named camp. I agree that, should my child commit a serious infraction of camp rules, I will arrange to remove my child from camp at the request of the camp director or conference staff at the earliest possible opportunity. I understand that I am responsible for my child's transportation to and from camp under the supervision of an adult over 21 years of age who has written permission to transport my child.

Parent Signature: _____

PAYMENT OF CAMP FEES

Check enclosed for full amount Deposit of \$50 or more enclosed; will pay installments.

Church will pay all or part of fees. Name of church contact person: _____

Phone and email of church contact person: _____

Name and city of church _____

Please charge my credit card, as follows

Visa MasterCard American Express Discover

Amount to be charged: \$ _____

Card Number: _____ - _____ - _____ - _____

Expiration Date mm/yy: _____ / _____

Security code: _____

Name on card: _____

Billing address: _____

City, State, and Zip: _____

Phone number associated with this credit card: _____

Email: _____

(Automatic confirmation email will be sent when card is processed.)