



## Registration for Camp Tamarack

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	Age/Grade	Dates	"X"	EB price	Reg price
Tam Junior	Grades 3-6	July 15-21		\$240	\$270
Tam Jr. High	Grades 7-9	July 22-28		\$240	\$270
Tam Sr. High	Grades 10-12	July 29-Aug 4		\$240	\$270

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: \_\_\_\_\_

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.)