



2016 CCIW POST-HIGH WEEKEND RETREAT
CAMP WALTER SCOTT
JULY 29-31, 2016
AGES 19-30



Fee \$105.00 (postmarked by July 9, 2016)

You are not considered registered until this completed form with all signatures and full payment are received by the CCIW.

Camper's Name _____

Last Name First Name Middle Nickname

Church Affiliation _____ City _____

Gender F _____ M _____ Age _____ Birthdate _____/_____/_____

Address _____ City _____ State _____ ZIP _____

Phone _____ E-mail address _____

Contact person, in case of an emergency during camp.

Name _____

Address _____ City _____ State _____ ZIP _____

Home Phone (____) _____ - _____ Office (____) _____ - _____ Cell (____) _____ - _____

CHECK YOUR CHOICE OF THE FOLLOWING T-SHIRT SIZE

Youth M _____ Youth L _____ Adult S _____ Adult M _____ Adult L _____ Adult XL _____ Adult XXL _____ Adult XXXL _____

MEDICAL INFORMATION: Please bring all medical insurance information with you to camp. Bring all medications. Basic medications are available at the camp health office.

For office use only

ID# _____ Date App. Received _____ Date Entered _____

Ck# _____ Ck Amt _____ Pd by _____

Ck# _____ Ck Amt _____ Pd by _____

(Registration continued)

CCIW CAMPER PLEDGE

*****Both signatures are required*****

<p>Camper: I agree to participate fully in the camp program, to cooperate with the camp Leaders, and to attend the entire camp event. I will not bring electronic devices, TV's, firearms, knives, food, fireworks, electronic games, alcohol, or drugs (except those listed under health information). I understand that if I do not abide by camp policy, I may be sent home at my own expense.</p> <p>_____</p> <p>(Signature of Camper) Date: ___/___/___</p>	<p>Pastor: I understand that the camping program is an integral part of the education ministry of the total church. Therefore, I will help this camper understand the purpose of church camping before he/she attends and will talk to him/her following camp to reflect on its events and meaning, If there are emotional or family issues that might affect the camper or the camp; I will inform the director about those before camp begins.</p> <p>_____</p> <p>(Signature of Pastor) Date: ___/___/___</p>
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I would like to room with_____. (Final assignment at director's discretion)

Any additional concerns or things that may make the campers experience worthwhile: _____

Please initial here _____ if you **Do Not** want your voice, picture, image/likeness, or video used for church promotional purposes, including but not limited to web sites, flyers, slide shows at church functions and video clips. (CCIW would seek permission for major advertisement where you would have a primary role.)

MAKE CHECKS PAYABLE TO:
CCIW

RETURN COMPLETED FORM WITH SIGNATURES and FUNDS TO:
CCIW
ATTN: CAMP REGISTRAR
1011 N. MAIN ST
BLOOMINGTON, IL 61701

Camper will not be considered registered if there is missing information or blank signatures.
Full payment must accompany registration form.

SIGNATURE _____ DATE _____