

CEDARBROOK CAMP SOUTHERN CALIFORNIA • SUMMER CAMP REGISTRATION FORM 2017

Camp Location: Mile High Pines • 42739 State Highway 38 • Angelus Oaks • California

Camper Information (One form per camper please)

Camper Name _____

Boy Girl Grade in Fall _____ Birthdate ____/____/____

Father/Guardian _____

Address _____

City _____ Zip _____

Cell Phone _____ Other _____

Mother/Guardian _____

Address _____ Same as above

City _____ Zip _____

Cell Phone _____ Other _____

Contact Email _____

Are you attending with a Church, Group or Club? Yes No

Church/Group/Club _____

Cabin Mate Preference _____

(Must be in the same grade division: 3-4, 5-6, 7-8, 9-10, 11-12)

Signature _____ Date ____/____/____

I have read the Requirements to be a Camper at Cedarbrook Camp Southern California. (Click here to read.)

Parent/Guardian Signature _____

Date ____/____/____

Cedarbrook Policies

For the health and safety of all, the camper previously named, and whose signature appears below, agrees to refrain from the use of tobacco, alcohol, illegal drugs, profanity and abusive language or actions at camp. He/She also agrees to respect the authority of the camp staff and the rights of others.

I agree to comply with the above policies knowing that failure to do so may result in dismissal from camp without refund. _____ / ____/____

Signature of Camper (Required)

Date

Having read and agreed to the previous statement, I give my permission for my child to attend camp, participate in its activities and to receive emergency treatment if necessary. My child may be photographed and pictures may be used for camp promotion (brochures and website).

Signature of Parent/Guardian (required)

Date

Summer Camps -- Dates & Rates 2016

Week 1 July 9-14 (Grades 3-9) \$360 _____

Week 2 July 16-21 (Grades 3-12) \$360 _____

CILT (Grades 11-12) \$540 _____

Campership Donation \$ _____

Total \$ _____

Camp T-shirt is included. (Circle size) Sizes:

Youth 10/12 14/16 Adult S M L XL XXL

Payment Method

Check in the amount of \$ _____
(Make payable to Cedarbrook Camp Southern California)

Charge my credit card in the amount of \$ _____

Credit Card # _____ - _____ - _____ - _____

Visa MC Exp. Date ____/____ CVV _____

Name on Card _____

Billing address _____

Visit our website: www.CedarbrookCampCA.org

Phone: (909)866-9366

Email: info@cedarbrookcamPCA.org



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Parent Questionnaire must be sent in with the Registration Form or deposit will not be processed and the camper will not be considered registered.

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