

CEDARBROOK CAMP SOUTHERN CALIFORNIA • SUMMER CAMP REGISTRATION FORM 2018

Camp Location: Camp Sky Meadows • 3191 Radford Camp Rd. • Angelus Oaks • California

Camper Information (One form per camper please)

Camper Name _____ Age _____

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)

Summer Camps -- Dates & Rates 2018

Week 1 July 15-20 (Grades 3-12) \$375 _____

Week 2 July 22-27 (Grades 3-8) \$375 _____

CILT 1st year (Grades 11-12) \$790 _____

CILT 2nd year (Grades 11-12) \$415 _____

Camp T-shirt \$10 _____

Scholarship Donation \$ _____

Total \$ _____

T-shirt size (Circle) : Youth: 10/12 14/16 Adult: S M L XL

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 _____

City _____ State _____ Zip _____

Signature _____ Date ____/____/____

I have read the Requirements to be a Camper at Cedarbrook Camp Southern California's website.

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. Camper 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 as well as ACA and CCCA promotions.

_____/_____/_____
Signature of Parent/Guardian (required)

_____/_____/_____
Date

To Register:

Mail Registration form and \$50* deposit for each camp to:

Cedarbrook Camp Southern California

P.O. Box 400610, Hesperia, CA 92340-0610

*Minimum \$50 deposit is required with this form.

All deposits are non-refundable, but are transferable.

All fees must be paid on or before the first day of camp.

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

Rev. 1/18

Visit our website: www.CedarbrookCampCA.org

Phone: (909)866-9366

Email: info@cedarbrookcampca.org

