



CROSSWAYS

CAMPING MINISTRIES

Family and Grandparent/KID Camp Registration Form

Please call our Administrative Office at 920-882-0023 or email info@crosswayscamps.org to inquire about availability.

Program Name: _____ Dates: _____

Site: Imago Dei Village Waypost Camp Pine Lake Camp - Evergreen Lodge rooms are available for an additional \$65/room (includes linens, A/C)
Check here to request a room in Evergreen: Number of rooms in Evergreen requested: _____

Primary Adult / Billing Contact Information

Name: _____ Male Female Birthdate (MM/DD/YYYY): _____

Address: _____ City/State/Zip: _____

Email: _____ Phone (circle CELL/HOME/WORK): _____

Congregation (Name & City): _____

Participants: Please list all adults and children who will be attending this session. If a camper lives in a different household, please check the appropriate box and provide their home address & primary contact information on the back of this form. If billing information for campers from a different household is different than information given above, please check the indicated box and provide billing information for those campers on the back of this form. Please note that only immediate family members apply towards the "immediate family max" limit. (Please list additional participants on back of form if necessary.)

Participant Names (and grade if in K-12)	Birthdate (MM/DD/YYYY)	Gender (M/F)	Special Dietary Needs?*	Other special needs? **	Not in immediate family**	Billing contact is different**

*Special dietary needs:
Please indicate any special dietary needs and the # of participants with each requirement (these MUST be communicated before arrival):
 Vegetarian ___ Vegan ___ Gluten-Free ___ Dairy-Free ___ Peanut/Tree-nut Free ___ Diabetic ___ Other: _____

**Other special needs & instructions for campers NOT in immediate family and when billing contact is different:
On the back of this form please indicate: (1) any special needs or accommodations required for camper(s), (2) parent/guardian email address of campers NOT in immediate family, and (3) billing contact email/phone for campers whose billing contact is different than the main contact on this form.

Program Fees & Payment: Please refer to pricing information found on our website (www.crosswayscamps.org). Full Week Family Campers are offered tiered pricing (tiered pricing is not available for our weekend or 4-day programs).

Full Week Family Camp Only – Please circle your chosen payment tier: Tier 1 | Tier 2 | Tier 3
For information about our full week program payment tiers please refer to our website (www.crosswaycamps.org)

Payment Information: Check enclosed (payable to Crossways) Credit Card - charge to my (check one) VISA MASTERCARD DISCOVER
(You may also call our office to make a secured credit card payment.)

All registrations must include a \$100 non-refundable deposit per family/household. A camper's payment can be transferred to another session/site within the same calendar year, but is non-transferable to another camper's account.

MAIL FORMS AND PAYMENT TO:
Crossways Camping Ministries
912 N. Oneida St., Appleton, WI 54911

Full payment is due May 31, 2019.

Name on card: _____

Credit Card Number: _____

Expiration Date: _____ 3-digit sec code: _____

Amount to charge*: Deposit: _____ Other: _____
*All registrations MUST include a \$100 non-refundable deposit.

Signature: _____
 Please check here if you desire financial assistance. Our Campership Request Form is available on our website (www.crosswayscamps.org/register).
Contact our administrative office for further assistance (920-882-0023).