

2009 Camp Registration Form

Check appropriate box:

- Family Camp 1 July 12 to 18, 2009
- Family Camp 2 July 26 to August 1, 2009
- Family Camp 3 July 19 to July 25, 2009



Deposits Due:

Full Week, Individuals: \$75.00
 Full Week, Families: \$150.00

Pay in Full by 4/15/09 and receive a discount!

Head of Household: _____

Address: _____

Residence Phone: _____ Other Phone: _____

Camper's E-mail address: _____

Emergency Contact Name: _____ Phone: _____

Church Name and City: _____

Make Checks Payable and Send to:

Dunkirk Conference Center
 c/o Camp Registrar
 3602 East Lake Road
 Dunkirk, NY 14048

For safety and tracking purposes, a registration form must be completed for ALL campers, directors, counselors and staff for ALL camps.

**PLEASE COMPLETE AN ENTIRE LINE FOR EACH FAMILY MEMBER ATTENDING CAMP.
 A SEPARATE REGISTRATION FORM AND CHECK IS REQUIRED FOR EACH CAMP ATTENDED.**

(Check All Appropriate Boxes.)

First and Last Name of Each Camp Attendee	DOB	M/F	Cabin/Cabin Mate Request	Camper	Director	Counselor/Staff	First Time Camper?	*Sponsoring Another Camper?

PLEASE LIST ANY SPECIAL NEEDS (DIEBETIC OR VEGETARIAN DIET, HANDICAP ACCESSIBILITY, ETC.) ON SEPARATE SHEET OF PAPER.

*Name of Camper Being Sponsored: _____