

2009 PCJC FAMILY CAMP

August 2-8, 2009

FAMILY (INFANTS – JUNIORS) & ADULT REGISTRATION FORM

(Please type or print--Only one name per line; be sure to fill out **front & back of form.**) (Check age group) Sex

Name _____ 22-35 36-49 50-59 60+ M F

Address _____ Home Phone (____) _____

City _____ State _____ Zip _____ Work Phone (____) _____

First time attending any PCJC Family Camp? Yes No Cell Phone (____) _____

Church registering through _____ E-mail _____

I will be participating in the Young Adult Program (Age 22-35 single or married without children) Adult Program (Age 22 and up)

(Should register on separate form at same time if possible)

Roommate(s) requested: _____

Spouse or other adult family members (who live at your address) rooming with you: (Check age group) Sex

Name _____ Relation _____ 22-35 36-49 50-59 60+ M F

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Children staying with you: Age or grade **in Sept.** - Nursery (age 0-2); Preschool (age 3-5); Primary (1st - 3rd gr.); Junior (4th - 5th gr.)

Name _____ Bdate _____ Age _____ Gr _____ Nur PS PR JR M F

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HOUSING CHOICES: (Number first 3 preferences):

_____ Evergreen _____ Redwood
_____ Meadowview _____ Cathedral
_____ Berea _____ Hillside

_____ Family Cabin
_____ Private Cottage (if available). Priority given to families w/children. Must be willing to share cottage w/others. In Roommate box above list names of those w/whom you want to share cottage.

COST (based on first preference):

_____ Adults x \$ _____ = \$ _____

_____ Infant (age 0-3 in Sept.) x \$ 60 = \$ _____

_____ Child (1st - 3rd gr. in Sept.) x \$ _____ = \$ _____

_____ Youth (4th - 5th gr. in Sept.) x \$ _____ = \$ _____

Crib needed

Handicap access needed

OTHER COSTS:

_____ Camp picture(s) x \$ 8.50 = \$ _____

_____ Adults playing golf* x \$ 29.00 = \$ _____

If you register after June 1, add late fee + \$40.00 = \$ _____

*Name(s) of those playing golf on Thurs., 8/06/09

SCHOLARSHIP:

Give name of church giving scholarship & amount of scholarship:

_____ \$ _____

TOTAL AMOUNT DUE: \$ _____

Less Staff Discount: \$ _____

Less Amount Enclosed: \$ _____

BALANCE DUE (IF ANY): \$ _____

NOTE: Make check payable to "PCJC Family Camp."

You **MUST** enclose a self-addressed, stamped #10 envelope (separate from envelope sent with youth registration) with your registration form or you will be charged \$3.

(Final payment due July 13 or late charge of \$40 will be assessed.)

FILL OUT BACK OF FORM.

SPECIAL NEEDS: (List any medical limitations, allergies, dietary needs, special housing needs, etc.)

ALLERGY INFORMATION: We need to know if your child/children have food and/or medication allergies, especially if they are allergic to peanuts or penicillin. If you have a child/children in the Nursery to Juniors programs, please fill out the information below:

| <u>CHILD'S FULL NAME</u> | <u>PROGRAM</u> | <u>KNOWN ALLERGIES</u> |
|--------------------------|----------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

VOLUNTEERS: If you would like to serve in some way, please fill out the questionnaire below (*final determination of acceptance of volunteers is determined by Program Directors or Ministry Leaders*):

Name: _____ would like to be on the Worship Team I sing I am on my church worship team.

Name: _____ play an instrument. What instrument(s)? _____

Name: _____ play an instrument and would be willing to play for the Children's Program.

Name: _____ I would be willing to teach an adult craft. Describe what types of crafts you can teach.

Name: _____ I would be willing to help patrol the youth camps in the evenings.

SIGNATURE(S) REQUIRED OF ALL ADULTS REGISTERED ON THIS FORM

CAMPER'S AGREEMENT: I understand that this is a Christian camp with Christian values and I will follow the rules below and standards set by the PCJC camp program and by Redwood Christian Park.

Signature _____

Signature _____

READ attached Information Sheet for important instructions, housing choices and costs. If you have any questions, contact Mrs. Setsuko Kashitani by phone at (310) 325-6572, fax (310) 326-5044 or e-mail <camp@pcjcfm.org>.

Make checks payable to: PCJC FAMILY CAMP

Submit registration on or after April 1 (**NOT before**) but **no later than June 1** to avoid a \$40 late fee.

MAIL following: (1) registration form, (2) check for full payment, (3) signed liability form(s) and (4) self-addressed envelope stamped with a Forever stamp or 44 cents in postage to:

**PCJC Family Camp
c/o Setsuko Kashitani
3433 W. 229th Place
Torrance, CA 90505**

Last day registrations will be accepted is July 6, 2009.