

Camp & Retreat Ministries of Oregon-Idaho  
**2016 Registration Form**

Latgawa  Magruder  Sawtooth  Suttle Lake  Wallowa Lake  Other



Copy this form for a friend!

Event Name \_\_\_\_\_

Dates of Event: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hm Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Other phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Local Church name \_\_\_\_\_ Local Church City: \_\_\_\_\_

For Youth: Completed grade at time of camp \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Roommate: If desired, give the name of one person with whom a camper wishes to share a cabin.

This must be a mutual request. \_\_\_\_\_

**Special Dietary Needs**

When communicated in advance, we generally can provide menu items that will accommodate special diets. If for any reason we are unable to fulfill your request(s) our food services team will contact you to ask you to bring specific food items to supplement what is available at camp.

- No Dietary Restrictions
- Diabetic
- Vegetarian
- Vegan
- Other: \_\_\_\_\_
- Gluten-Free
- Lactose Intolerant (please be specific below)

Tell us any specific food allergies that you have, including reaction severity. Attach a page if needed.

By registering for this event, I read and understand the policies of the Camp & Retreat Ministry as found on their website at [gocamping.org](http://gocamping.org). I recognize and acknowledge that camp/retreat activities can involve certain hazards, including, but not limited to illness, injury and accidents, and I hereby release the Camp & Retreat Ministry, The United Methodist Church and the Episcopal Diocese of Oregon from liability.

I give permission for

- Transportation for scheduled off-site events
- Photocopying of health history forms for scheduled off-site events
- Photos/video to be used in future publicity
- Participant's name, address and email address may be shared with other registered participants and staff.

**Payment**

Event Fee \$ \_\_\_\_\_\*  
 (Use bottom box for family events)

Option Fees  
 (Options for selected camps/events. Check event descriptions.)

Sawtooth Bus -Fairfield \$ \_\_\_\_\_

Sawtooth Bus -Jerome \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Optional Gift to Campership Fund \$ \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_  
 (minimum deposit varies by event, check website)

Balance Due \$ \_\_\_\_\_  
 (Two weeks before event starts)

Make checks payable to:

**Camp & Retreat Ministries**

Send Registration to:

**Camp Registrar**  
**1505 SW 18<sup>th</sup> Avenue**  
**Portland, OR 97201**

For more information contact Geneva in the camping office:

Phone: **(503) 802-9213**  
 e-mail: [geneva@gocamping.org](mailto:geneva@gocamping.org)

**For Family Camp Events**

Please put name, gender, birthdate or age (for children & youth) and address (if different from above) for all additional family members or others attending family events together who wish to share facilities.

Name	Birthdate	Gender	Fee*
1. CAMPER NAMED ABOVE	_____	M F	\$ _____
2.	_____	M F	\$ _____
3.	_____	M F	\$ _____
4.	_____	M F	\$ _____
5.	_____	M F	\$ _____
6.	_____	M F	\$ _____

**Total Family camp fees \$ \_\_\_\_\_**