**2023 HIGHLANDS SUMMER CAMP REGISTRATION FORM Scholarships are Available!**

Please complete a form for each person attending any camp. PLEASE PRINT

Check which camp you would like to attend: Middle School (7/9-7/14) $475 \_\_\_\_\_\_ Intergenerational (7/16-7/19) $275 \_\_\_\_ Intergenerational (7/19-7/21) $200 \_\_\_\_\_ Intergenerational (7/16-7/21) $475 \_\_\_\_\_ High School (7/23-7/28) $475 \_\_\_\_\_\_

Camper Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth date \_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_\_ Grade in Fall of 2023\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_\_

1st Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_Mother \_\_\_\_Father \_\_\_Grandparent \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_Mother \_\_\_\_Father \_\_\_Grandparent \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Church (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_

Deposit Due at Time of Registration: $150 (check or credit card) This holds your spot! Balance is due 3 weeks prior to your camp date.

If you would like to pay by Credit Card, please fill out the following information: Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name as it appears on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ CVC (3 digit # located on back of card):\_\_\_\_\_\_\_\_

Send Registration Form and $150 to: Rev. Denise Shannon, Director of Outdoor Ministry 3879 E. 120th Ave #93 Thornton, CO 80233. Or send to [pastordeniseshannon@gmail.com](mailto:pastordeniseshannon@gmail.com).

To apply for a needs-based scholarship, please download a scholarship form from our website, www.highlandscamp.org, and return it to Rev. Denise Shannon with your registration form.

Office Use Only Date Reg\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Camp\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost \_\_\_\_\_\_\_ Deposit Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional Payments: Church\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scholarship\_\_\_\_\_\_\_\_\_\_\_\_\_ Balance Due: \_\_\_\_\_\_\_\_\_\_\_ Balance Due by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Balance Paid: \_\_\_\_\_\_\_