



EAST OHIO CAMPS

SUMMER CAMP INDIVIDUAL EVENT REGISTRATION FORM

CAMPER INFORMATION

Name _____

Female Male Birthdate _____

September 2025 Grade _____

E-mail _____

Bunkmate Request _____

(We will honor your bunkmate request if possible - must be in same age group and program.)

T-shirt Size:

Child Small Child Med Child Large

Adult Small Adult Med Adult Large

Adult XL

This is my first time at East Ohio Camps and I heard about East Ohio Camps from:

Local Church Website Friend

Newspaper School Mailing Other

I am a returning camper and this will be my _____ year at one of the East Ohio Camps.

FAMILY INFORMATION

Parent/Guardian 1 _____

Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-mail _____

Parent/Guardian 2 _____

Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

E-mail _____

Mailing Address _____

Street _____

City _____

State _____ Zip _____

Church information is optional and is used for reporting purposes. The five digit appt # for a UMC can be obtained from your local church office. We do not bill your church so if your church is paying a portion please provide them with the information needed.

Church Name _____ Church Appt # _____

Pastor's Name _____

Church City _____ District _____

Sibling Discount - If more than one child from your family is going to camp this year, we offer a discount to help cover the cost of camp for your family. You pay full price for the first child and we will deduct \$20 off the price of each additional child attending camp. If you are interested in taking advantage of this discount, please contact the Camps office at (330) 499-3972 ext. 139 or ext. 120, or by e-mail at camps@eocumc.com. The sibling discount will be applied to your account if you request it.

Early Bird Registration - For Wanake, Asbury, and Aldersgate events, a full week of camp starts at \$534, But you can save \$35 and pay only \$499 if you register by **March 15**.

Want to get registered faster? Go to EOCUMC.COM/CAMPS to register.

Cost of Event(s) _____

Payment _____

Balance Due _____

If paying by check, please make payable to:
East Ohio Conference UMC
and mail to:
East Ohio Conference
PO Box 76021
Cleveland, OH 44101-4755

EVENT INFORMATION

Events fill quickly and many have limited capacity, so we recommend a 2nd and 3rd choice.

Event Date	Event Number	Event Name	Tier 1, 2, or 3	Event Cost

I wish to attend more than one event. Register me for: 1st and 2nd events All three events

Refund Policy - 1) If the event you register for is cancelled by us, we will help you select another event. If another selection will not work out, you will receive a full refund. 2) For cancellations 14 days or more before the first day of the event, **all fees paid less than the minimum registration fee of \$40** will be returned, or full payment is transferred to another event if possible. 3) If the cancellation is less than 14 days before the first day of the event, no refund will be made. 4) In the event of illness, accident, or family emergency, **all fees less a \$10 handling charge** will be returned **if notice is given prior to the first day of camp**. 5) No refunds or fee transfers will be made for those who fail to show up on opening day.

Parent/Guardian Signature _____

Date _____

CREDIT CARD

We accept Visa, Mastercard or Discover.

Paying full amount due Paying portion \$ _____

Account #

Exp Date CVV

Card Holder Signature _____

Card Holder Address _____