

Camp & Retreat Ministries of Oregon-Idaho
2019 Registration Form

Latgawa Magruder Sawtooth Suttle Lake Wallowa Lake Other



Event Name _____

Dates of Event: _____

Name: _____

Date of Birth _____ Male Female

Address _____

City _____ State _____ Zip _____

Home 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 at least two weeks 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 have read and understand the policies of the Camp & Retreat Ministry as found on their website at 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
- Participant's name, address and email address may be shared with other registered participants and staff for the purposes of carpooling.

Copy this form for a friend!

Payment

Event Fee less any discounts \$ _____ *
 (Use bottom box for family events)

Option Fees (Check event descriptions.)

Sawtooth Bus -Fairfield \$ _____

Sawtooth Bus -Jerome \$ _____

Other _____ \$ _____

Optional Gift to Campership Fund \$ _____

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

Less amount to be paid by church or other group \$ _____

Less anticipated Campership from CRM \$ _____

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

Make checks payable to:
Camp & Retreat Ministries

Send registration to:
Camp Registrar
1505 SW 18th Avenue
Portland, OR 97201

For more information contact
 The registrar in the camping office:
 Phone: **(503) 802-9214**
 e-mail: registrar@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 \$ _____