## SUMMER CAMP ENROLLMENT FORM

ONE CAMPER PER FORM. PHOTOCOPY AS NEEDED

Sign-up Online: www.SugarCreekBibleCamp.org

Mail to: Sugar Creek Bible Camp 13141 Sugar Creek Bible Camp Rd Ferryville, WI 54628 or email: office@sgrcreek.org

SUGAR CREEK

Last Name		First Name			
Gender Preferred Pronouns	S	Grade Fall '24		ate/	
Address		City	State	Zip Code	
Home Congregation		Home Congregation & C	ity		
Billing Address (if different)					
Parent/Guardian #1	Parent/Guardian #2				
Email		Email			
Phone (Cell)		Phone (Cell)			
Work/Home		Work/Home			
Emergency Contact Information					
Name (Last, First)		Relationship			
Phone					
Program Preferences					
1st Choice		Camp Week			
		Camp Week			
Cabinmate Request(s)					
(Each camper may mutually request only 1 or 2 of		ual. High School off-site progr	ams are the excep	 tion.)	
Payment Information					
A deposit of at least \$100 is required, or you me	av pav in full. Depo	osits and payments are refund	dable until Mav 31	l. <b>2024</b> .	
Tiered Pricing selection (unless program is fixed				•	
Payment Enclosed \$	Method of Pa	vment: Check Visa	MasterCard	Discover	
Card #					
	Exp. Date/	cvii biiiiiig zip coc			
Cardholder's Name (Printed)					
Cardholder's Signature					
Cardholder's Signature:				<del></del>	
Media and Liability Release					
The undersigned, and as legal guardians for any		= :			
programs and elective activities at Sugar Creek E					
challenge courses, games, bicycling, and archery Camp, its staff and volunteers, and the person(s	•			_	
personal injury arising therefrom. Further, I (as t					
and that any child(ren) listed above) have had a					
writing by a medical professional that the health					
this event and fully participating in all activities,				•	
give my permission for photos and video images					
noted. I understand Sugar Creek will not label pl			_	•	
the event and camp staff to secure any medical					
the legal guardian(s) of the child(ren) listed here					
Creek Bible Camp insurance policy is strictly second					
agree the camp and its staff will not be held resp		•	•		
health issues arising from exposure to the coron	avirus (COVID-19)	or other communicable disea	ses or illnesses, or		
for lost or damaged personal property.					
	_				
Signature of Custodial Parent/Guardian	 Date	Relationship to Parti	icipant	CUCAR OPERV	