

SOUTH TEXAS YOUTH CAMP 2008

CAMPER APPLICATION

PLEASE PRINT NEATLY IN BLACK INK

PLEASE CIRCLE CAMP ATTENDING

Youth Camp #1
 Dates: June 9-13
 Speaker: Wayne Northup
 Fee: \$145
 Ages: 12-18

Youth Camp #2
 Dates: June 16-20
 Speaker: Jeff Hiller
 Fee: \$145
 Ages: 12-18

Youth Camp #3
 Dates: June 23-27
 Speaker: Pat Schatzline
 Fee: \$145
 Ages: 12-18

Youth Camp #4
 Dates: June 30 - July 4
 Speaker: Jason Spears
 Fee: \$145
 Ages: 12-18

Please note that this form must be filled out entirely and signed by a legal guardian before the form can be processed. **FORMS WILL NOT BE PROCESSED IF THEY ARE NOT COMPLETE.** Forms will NOT be accepted by fax. **THIS FORM MUST BE FILLED OUT AND SIGNED BY A PARENT OR LEGAL GUARDIAN AND SENT WITH A \$70 DEPOSIT.** Camp balance will be due upon arrival at camp. The registration fee is non-refundable within two weeks of camp.

CAMPER INFORMATION

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Age: _____ Circle One: Male Female

Email: _____

Church Attending With: _____ City: _____

Family Physician: _____ Phone: (____) _____ City: _____

Current Medication: _____ Allergies: _____

Tetanus Vaccination: Yes No Circle All That Apply: Epilepsy Heart Problems Asthma

When: _____ Diabetes Thyroid Problem Other: _____

PARENT INFORMATION

Name of Parent/Legal Guardian: _____

Address: _____ City: _____ Zip: _____

Home Number:(____) _____ Cell:(____) _____ Work:(____) _____

INSURANCE INFORMATION - In case of medical treatment and/or expenses, the camper's personal medical coverage will be the primary carrier. Camp Insurance will be secondary to the camper's policy. PLEASE MAKE SURE ALL INSURANCE INFORMATION IS COMPLETE.

Insurance Company: _____

Address: _____ City: _____ St: _____ Zip: _____

Policy Number: _____

New: Fine Arts Clinic with experts in each category to help prepare you for Nationals or next years Districts. If you will be bringing your completed piece, state what category (s): _____

REGISTRATION DEADLINES

\$145 Postmarked by:
April 6

\$155 Postmarked after: April 6

\$165 Postmarked after:
May 11

FOR MORE INFORMATION:

www.stxym.org
 713.455.5252
 amy@stxym.org

CREDIT CARD INFORMATION - If paying with credit card, please complete the following information. **ALL CREDIT CARD TRANSACTIONS WILL HAVE A 3% CONVENIENCE FEE.**

Card Type (circle one): American Express Discover Master Card Visa Card Number: _____

Name on the Card: _____ V-Code (3 digits on the back of the card. AMEX is 4 digits located on the front): _____

Billing Address: _____ City: _____ ST: _____ Zip: _____

Cardholder's Email: _____ Amount to be charged:\$ _____ x 3%

PARENT/LEGAL GUARDIAN CONSENT

I, _____, hereby authorize camp personnel to obtain any medical care necessary while (camper's name) _____ is involved in the South Texas District Camping Program. I understand, if necessary, the camper will be taken to a nearby hospital and will be attended to by a physician on call. I further understand that I will be responsible for any medical expenses incurred.

 Parent/Legal Guardian Signature

 Date

OFFICE USE ONLY

Date: _____
 AP: _____ AD: _____
 Cash: _____ MO: _____
 CC: _____ CK: _____
 Date: _____
 AP: _____ AD: _____
 Cash: _____ MO: _____
 CC: _____ CK: _____

MAKE CHECKS PAYABLE TO STXYM

MAIL COMPLETED FORMS TO: Youth Camp * P.O. Box 9714* Houston, TX 77213