Asbury Hills
Summer Camp 2020

To avoid delays, please print clearly in blue or black ink. Please complete all information, use N/A in those areas, which do not apply. We will not be able to process incomplete registrations. Please use this form for one camper only. If needed, make copies. Family campers should send registration forms in the same envelope with other members of your family. For questions please call 864.836.3711.

Name_____

Address_____

City _____ State _____

Zip _____

Birth date _____ Age_____

Boy ____ Girl ____ T-Shirt Size _____
We have Youth and Adult Sizes

Grade entering in Fall 2019 _____

Parent / Guardian _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

Parent E-mail _____

Camper E-mail _____

Church Name _____

Church Address _____

Cabin Mate: _____

You may request one (1) cabin mate. Cabin mate requests must be mutual. If several friends are attending the same session, we will honor only one cabin mate request per camper.

PARENT(S)/GUARDIAN(S) OR ADULT PARTICIPANT AUTHORIZATION:
I hereby make application for enrollment of the camper listed above at the South Carolina United Methodist Camps and Retreat Ministries ("Ministries") activities chosen above, subject to the conditions set forth in the camper information packet or established by Ministries from time to time. I give permission for interviews, photographs or video footage of my child or myself to be used by Ministries for promotional purposes. I give permission for Ministries and its designees to transport my child or myself for participation in an activity and/or for health or safety. I understand that there are risks of possible injury or death by reason of participation in camp or outdoor activities and I assume those risks for my child or myself. I further agree for my child and/or myself to hold Ministries and its agents and trustees harmless from any and all claims for damages, injury or loss to person or property or death in connection with a Ministries activity, except to the extent claims are caused by gross negligence or willful misconduct of Ministries.

Signatures of all custodial parents or legal guardians, or of adult event participant:

_____ _____

Event Information

(PLEASE list first and second choice)

Event Name	Date
_____	_____
_____	_____

Payment Information

Appropriate Deposit Must Accompany Registration

Cost of Event: _____
Camp Store Account: _____
Deposit amount included: _____
Amount of Campership donation: _____
Check or Money Order enclosed: _____
Payable to "Asbury Hills"

Credit Card Amount: _____

Visa _____ MasterCard_____ Discover_____

__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Expiration Date _____ /_____ CV2 __ __ __
3 digit security code on back

Print name as shown on card:
_____

Signature as shown on card:
_____

Send registration and DEPOSIT:

Asbury Hills
150 Asbury Drive
Cleveland, SC 29635

Or
fax with Credit Card information to:
864.836.5522
(**Do not mail a duplicate form**)