

# Day Camp 2012 Registration

First name, Last Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent/guardian name(s) \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phones \_\_\_\_\_  
 Mother Work Phone \_\_\_\_\_  
 Father Work Phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Emergency contact \_\_\_\_\_  
 Emergency phone \_\_\_\_\_  
 Grade in fall '12 \_\_\_\_\_ Child's Birthdate \_\_\_\_\_ M/F \_\_\_\_\_  
 Attended Miracle Ranch before? Y / N Year \_\_\_\_\_

**Camp Buddies:** You may choose up to **two** camp buddies and they must also choose you. All requests must be submitted before camp begins. Cabin buddies must be within two consecutive grades.

#1 Cabin Buddy \_\_\_\_\_  
 #2 Cabin Buddy \_\_\_\_\_

**Sponsorships:** Can you help sponsor a camper who cannot afford the entire camp fee? *In addition to my total registration fee I've included a donation of:*  
 \_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$200 \_\_\_\_\_ other (\$ \_\_\_\_\_)

**Payment Options**  VISA  MasterCard  Discover Card  
 Check or Money Order **Total amt. enclosed \$** \_\_\_\_\_

Name on card (print) \_\_\_\_\_

Card number \_\_\_\_\_

Exp. date \_\_\_\_\_

Authorized signature:

X \_\_\_\_\_

Cancellations subject to a \$25 fee \$40 fee for returned checks

No refund will be given for cancellations within 30 days of the first day of camp

Noah's Landing Day Camp  
going into Grades 1-6 in Fall 2012

	(per week)
____ Noah's Landing 1 <b>June 18-22</b>	\$186
____ Noah's Landing 2 <b>June 25-29</b>	\$186
____ Noah's Landing 3 <b>July 2-6</b>	\$186
____ Noah's Landing 4 <b>July 9-13</b>	\$186
____ Noah's Landing 5 <b>July 16-20</b>	\$186
____ Noah's Landing 6 <b>July 23-27</b>	\$186
____ Noah's Landing 7 <b>July 30-Aug 3</b>	\$186
____ Noah's Landing 8 <b>August 6-10</b>	\$186
____ Noah's Landing 9 <b>August 13-17</b>	\$186
____ Noah's Landing 10 <b>August 20-24</b>	\$186
____ Noah's Landing 11 <b>August 27-31</b>	\$186

Optional Add-ons:

____ Early Arrival (7-8am)	\$ 15
____ Late Departure (4-5:30pm)	\$ 15
____ Transportation (choose location)	\$ 35
____ Tacoma Community College	
____ Gig Harbor Park and Ride	
____ Horse Instruction (3rd-6th grades only)	\$ 78
____ Wednesday overnight (3rd-6th only)	\$ 26
____ Store Deposit \$ _____	

Day Camp week(s) _____	Fee: \$ _____
Optional Add-ons:	+\$ _____
Store deposit:	+\$ _____
Sponsorship donation:	+\$ _____
<b>Total Fee:</b>	<b>\$ _____</b>

**Emergency Consent and Photo Release:** I hereby give my consent for my child to participate in camp activities, and receive routine and/or emergency medical care from a physician or emergency facility, in case I cannot be reached in an emergency. I give my permission for CRISTA to use any photos taken of me or my family at any CRISTA event in their publications, and I release all rights to remuneration for such photos.

X \_\_\_\_\_  
Signature (required)

If you would like to make a deposit now and make payments  
you must register online — www.cristacamps.com

Miracle Ranch Day Camps qualify for  
"Child & Dependent Care Tax Credit" Tax ID 91-6012289

Complete form and mail, with full payment to: **CRISTA Camps—12500 Camp Ct NW—  
 Poulso, WA 98370 Phone: 360-697-1212 Toll Free: 1-877-723-4373 Fax: 360-697-1709  
 Email: information@cristacamps.com**