



eLIT 2010 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 '10 _____ Child's Birthdate _____ M/F _____
 Attended Miracle Ranch before? Y / N Year _____

eLIT program at Noah's Landing Day Camp going into Grades 7-9 in Fall 2010

	(per week)
____ Session 1 June 21-25	\$186
____ Session 2 June 28-July 2	\$186
____ Session 3 July 5-9	\$186
____ Session 4 July 12-16	\$186
____ Session 5 July 19-23	\$186
____ Session 6 July 26-30	\$186
____ Session 7 August 2-6	\$186
____ Session 8 August 9-13	\$186
____ Session 9 August 16-20	\$186
____ Session 10 August 23-27	\$186

Optional Add-ons:

____ Early Arrival (7-8am)	\$ 15
____ Late Departure (4-5:30pm)	\$ 15
____ Transportation	\$ 35
____ Tacoma Community College	
____ Gig Harbor Park and Ride	
____ Store Deposit \$ _____	

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

eLIT Session(s) _____	Fee: \$ _____
Optional Add-ons:	+\$ _____
Store deposit:	+\$ _____
Sponsorship donation:	+\$ _____
Total Fee:	\$ _____

*After registration, a short phone interview will ensure program appropriateness.

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 25% 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**



PART OF THE CRISTA FAMILY

Revised 01/25/2010

