



Day Camp 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 '09 _____ Child's Birthdate _____ M/F _____
 Attended Miracle Ranch before? Y / N Year _____

Noah's Landing Day Camp going into Grades 1-6 in Fall 2010

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

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 _____

Optional Add-ons:

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

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

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)

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

If you would like to make a 25% deposit now and make payments

Miracle Ranch Day Camps qualify for "Child & Dependent Care Tax Credit" Tax ID 91-6012289 you must register online — www.cristacamps.com

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