

REGISTRATION FORM – Also available online at www.holstoncamping.com

To register by phone, call (423) 929-9037, ext. 235 or ext 236, Monday through Friday, 10 AM – 6 PM

Camper Name: _____

First

Last

1ST Choice: Campsite _____ Date of Session _____ Session Title _____ Session # _____

2ST Choice: Campsite _____ Date of Session _____ Session Title _____ Session # _____

3ST Choice: Campsite _____ Date of Session _____ Session Title _____ Session # _____

Registering Parent/Guardian/Contact:

Name: _____

Address: _____

Street/Route

City

State

Zip

Phone: Home (_____) Day(_____) Cell (_____)

Email Address: _____

Second Parent/Guardian/Contact: (name) _____

Phone: Home (_____) Day (_____) Cell (_____)

Camper Information

Gender: _____ Birth Date: _____ Age: _____ School Grade in Fall 2011: _____ Race: _____
Month Day Year

Buddy Request: _____

Church Home: (Name) _____ (City) _____

Denomination or Religious Affiliation: _____

Holston United Methodists, circle District:

Abingdon	Johnson City	Morristown
Big Stone Gap	Kingsport	Oak Ridge
Chattanooga	Knoxville	Tazewell
Cleveland	Maryville	Wytheville

Source of Payments: (List all Payments, Charges, Camperships)

Name of Payee	Amount	Check #, Type of Charge, Campership
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total = \$ _____

Payments:

Cost of Camp Session _____

Minus Early Bird Discount _____

Minus Recruit a New Camper Discount* _____

Net Cost of Camp Session _____

+ Donation to Scholarship Fund _____

TOTAL PAYMENT _____

*New Camper's Name _____

I authorize billing to my charge card. Check One: MasterCard Visa Discover

Card # _____ Exp. Date _____

Name of Card Holder _____

Address _____

Write check to **Holston Conference CRM** or send completed charge information with registration form to:

REGISTRAR – HOLSTON CONFERENCE CRM
P.O. BOX 2506
JOHNSON CITY, TN 37605-2506