

CHURCH OF GOD OF PROPHECY
Northeast Region

2018 CAMPER APPLICATION

To review camp updates, information letter, directions, check list of what to bring, visit www.cogopner.org

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS OF THIS APPLICATION.

Last Name First Name M.I

Age Male/Female Date of Birth

Mailing Address

City State Zip Code

Home Telephone:

Alternate Telephone:

Name of Parent(s)/Guardian(s):

Church Affiliation:

Congregation Location:

Parent(s)/Guardian(s), please answer the following questions:

Has this applicant ever attended camp before?

Yes No.

Can your child participate in water activities (Pool)?

Yes No.

[Please note: A certified Lifeguard will be on duty during swim time.]

ONLINE REGISTRATION
AVAILABLE!!!

Visit

www.cogopner.org

CAMP SELECTION: (Please select the age range of your child)

Discoverers (6-8) Trailblazers (9-12) Pioneers (13-18)

Please list the names of siblings who will be attending camp.

BAPTISM PERMISSION: One of the greatest experiences of camp is baptism service. Baptism is the visible testimony of a spiritual experience. The minister through wise counsel encourages our campers to take this bold step. In the event your child expresses a desire to be baptized, will you give permission? **Please note:** Parents and the local Pastor will be notified if a camper expresses interest in baptism.

Yes, I give permission for my child, _____ to be baptized.

No, I do not give permission for my child, _____ to be baptized.

Signature: _____ Date: _____

Parents or Guardians, please read the following statement, sign and date below:

PARENT'S NAME (PLEASE PRINT): _____

PARENT'S EMAIL (PLEASE PRINT): _____

My signature indicates that my child agrees to abide by all camp rules. I further understand that should he/she willfully and continually disobey rules or exhibit uncontrollable and disorderly behavior, he/she will be dismissed with NO refund.

I also understand that based on the health form/application, the health staff reserves the right to determine if the camp setting poses a health risk to the camper and/or others.

Signature

Date

APPLICATION DEADLINE: July 23rd, 2018

Send all applications (with completed HEALTH FORM) to

Church of God of Prophecy, Camp Ministry P.O. Box 11652 Albany, NY 12211

E-Mail Address: moraiscassell@gmail.com

Telephone: (518) 489-0753

COST PER CAMPER: \$235 IF POSTMARKED BEFORE JUNE 25TH AND \$255 AFTER.

100.00 DEPOSIT IS REQUIRED WITH ALL APPLICATIONS; \$30 IS NON-REFUNDABLE

In case of CANCELLATION, the deposit minus \$30.00 can be refunded until July 9th. Any cancellations after July 9th will not be processed and all deposits will be non-refundable.

For Administrative Use Only

DATE RECEIVED

AMOUNT OF DEPOSIT

BALANCE DUE

PAYMENT METHOD

_____/_____/2018

\$_____.

\$_____.

Cash Check M.O

Camp Location: Tri-State Christian Camp, 137 Route 209, Port Jervis, N.Y. 12771
Camp Dates: (August 5-11). NO APPLICATIONS/WALK-INS AFTER JULY 23rd, 2018