



# 2019 Family Camp Registration Form



Circle Family Camp Session Attending

**Family Camp I June 16-18**

**Family Camp II July 7-9**

Attending Parent(s) first & last names \_\_\_\_\_

Parent(s) complete mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) phone # \_\_\_\_\_ [EMAIL ADDRESS \(Required--See Red Box\)](#)

Child #1 name \_\_\_\_\_

Please Circle: Male or Female Birthdate: \_\_\_\_\_ Grade Entering Next Fall \_\_\_\_\_

Child #2 name \_\_\_\_\_

Please Circle: Male or Female Birthdate: \_\_\_\_\_ Grade Entering Next Fall \_\_\_\_\_

Child #3 name \_\_\_\_\_

Please Circle: Male or Female Birthdate: \_\_\_\_\_ Grade Entering Next Fall \_\_\_\_\_

Child #4 name \_\_\_\_\_

Please Circle: Male or Female Birthdate: \_\_\_\_\_ Grade Entering Next Fall \_\_\_\_\_

## Early-Bird Incentive

Register by April 5 and receive a \$20 discount.

Early Bird T-Shirts may also be ordered if your registration is in by April 5. T-Shirts are \$10 per shirt. Please mark below the names of those receiving the additional t-shirts, along with the size of each shirt. If a size is not selected, a t-shirt will not be ordered.

T-Shirts must be paid for with the registration deposit.

Name \_\_\_\_\_ Adult: S M L XL XXL Youth: S M L (\$10/shirt)

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**Lodging:**  On-Site Lodging  Off-Site Lodging  
Cost is the same for both types of lodging

Rooms are assigned on a first-come, first-serve basis. This is determined by the receipt of registration deposit.



Camp Metigoshe is accredited by the American Camp Association

**Please See Next Page To Complete Family Camp Registration**

# Registration Costs

Camp Registration	\$ _____	(Includes Trading Post Food & Drink and Arts & Crafts)
Optional Donation	+\$ _____	
Trading Post Account (Optional)	+\$ _____	(Money to use at store for clothing, & other cool Metigoshe stuff)
Early Registration Discount (By April 5)	-\$ _____	(\$20 per registration form)
Earlybird T-Shirts (By April 5)	+\$ _____	(\$10 for each T-Shirt Ordered)
Total Amount Due	= \$ _____	
Total Amount Included	-\$ _____	(\$100 deposit PLUS any prepaid trading post and earlybird t-shirts)
<b>BALANCE DUE BY 2 WEEKS BEFORE CAMP</b>	<b>= \$ _____</b>	<b>Please submit full amount due if registering within one month of camp.</b>

## Payment Options

Send a completed registration form (no phone calls or emails, please) with **\$100 deposit** (check or credit card). Please do not send cash and do not deduct any discounts from deposit.

### Method of Payment

- Check/money order payable to METIGOSHE MINISTRIES
- Credit Card (Circle Type)  Visa     MasterCard     Discover     American Express

- Please charge the entire amount on my credit card.
- Please charge \$100 deposit on my Credit Card
- Please charge the \$100 deposit on my credit card today & the remaining balance 30 days prior to camp.

Month	Year

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Credit Card Number

**X** \_\_\_\_\_  
Cardholder's signature

## FamilyCamp Costs:

\$225 per first adult/child pair  
Additional \$100/adult or child camper

### Return completed registration form with

**\$100 deposit to:**                      Metigoshe Ministries  
    165 Lake Loop Rd E  
    Bottineau ND 58318

*Upon receiving your registration, a link to the Camp Packet will be emailed to the email address provided. This packet will include a receipt, a health history form for each child and informational material.*

*\*All youth campers must bring their completed health forms with them to camp.  
\* The balance is due two weeks prior to the beginning of camp. Your deposit is refundable on or before May 31 or up to 30 days before the registered camp session. Any cancellation after May 31 or within 30 days of the registered camp session, deposit is non-refundable. Balances not paid one week prior to your camp date will have an additional \$20 late charge added to the balance.*

*\*If you register within one month of your camp session, your entire balance will be due with your registration form.  
\*No refunds will be given for any cancellations within 2 weeks of camp or for "no shows" at camp.*

For Office Use Only:

Date Received _____	Check Number _____	Amount Received _____	Check Writer _____
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