

2012 Summer Camp Registration Form

Online Registration available at www.GoodEarthVillage.org

Please print clearly. Use one form per camper.

Program and 1st choice date _____

Program and 2nd choice date _____

Camper Name _____

Grade completed this spring _____ Gender _____ Birth date _____

Address _____

City/State/Zip _____

Mother/Guardian _____

Primary Phone _____ Secondary phone _____

Father/Guardian _____

Primary Phone _____ Secondary phone _____

Parent/Guardian e-mail Address _____

Camper e-mail Address _____

Camper is in the custody of both parents mother only father only other

Siblings attending camp _____

Church membership _____ City _____

Amount paid by your church _____

One friend I'd like to camp with (your name must appear on his/her registration as well):

Please Charge \$ _____ to my Visa Master Card Discover

Card# _____ Exp. Date _____

Signature _____ 3 Digit Code _____

My child has permission to participate in all aspects of the program at Good Earth Village. I hereby give my permission to the physician selected by the camp director to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for my child as named above. Good Earth Village will make every effort to contact me if my child needs emergency medical-surgical treatment. I understand that my insurance has primary coverage and Good Earth Village is secondary. I also give permission for pictures and videos taken of my child to be used for promotional purposes.

Parent/Guardian signature _____ Date _____

Return To:

Good Earth Village • 25303 Old Town Dr • Spring Valley, MN 55975

WITH a \$150 non-refundable, non-transferable deposit.

(\$50 for Trailblazers/Settlers, \$15 for Adventurers).

Office use only: Date received:

Amt. received:

Ch#: