

Registration Form

Please print clearly. This form may be copied. Use one form per camper.
RETURN TO: Good Earth Village, 25303 Old Town Dr, Spring Valley, MN 55975
WITH a \$150 non-refundable, non-transferable deposit.

Program / date 1st choice _____

Program / date 2nd choice _____

Camper Name _____

Grade completed in 2010 _____ Gender _____ Birthdate _____

Address _____

City/State/Zip _____

Mother/Guardian _____

Primary Phone _____ Secondary phone _____

E-mail Address _____

Father/Guardian _____

Primary Phone _____ Secondary phone _____

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 <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover
Card # _____ Exp. Date _____
Signature _____

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 insurance is secondary. I also give permission for pictures taken of my child to be used for promotional purposes.

Parent/Guardian signature _____

Date

Office use only: Date recd:

Amt. recd:

Ch #: