SOUTH TEXAS YOUTH CAMP 2008

CAMPER APPLICATION

PLEASE PRINT NEATLY IN BLACK INK

PLEASE CIRCLE CAMP ATTENDING

Youth Camp #1
Dates: June 9-13
Speaker: Wayne Northup
Fee: $145
Ages: 12-18

Youth Camp #2
Dates: June 16-20
Speaker: Jeff Hiller
Fee: $145
Ages: 12-18

Youth Camp #3
Dates: June 23-27
Speaker: Pat Schatzline
Fee: $145
Ages 12-18

Youth Camp #4
Dates: June 30 - July 4
Speaker: Jason Spears
Fee: $145
Ages 12-18

REGISTRATION DEADLINES

$145 Postmarked by:
April 6

$155 Postmarked after: April 6

$165 Postmarked after:
May 11

FOR MORE INFORMATION:

www.stxym.org
713.455.5252
amy@stxym.org

Please note that this form must be filled out entirely and signed by a legal guardian before the form can be processed. **FORMS WILL NOT BE PROCESSED IF THEY ARE NOT COMPLETE.** Forms will NOT be accepted by fax. **THIS FORM MUST BE FILLED OUT AND SIGNED BY A PARENT OR LEGAL GUARDIAN AND SENT WITH A $70 DEPOSIT.** Camp balance will be due upon arrival at camp. The registration fee is non-refundable within two weeks of camp.

CAMPER INFORMATION

Last Name:_____ First Name:_____

Address:_____ City:_____ Zip:_____

Date of Birth:_____/_____/_____ Age:_____ Circle One: Male Female

Email:_____

Church Attending With:_____ City:_____

Family Physician:_____ Phone: (____)_____ City:_____

Current Medication:_____ Allergies:_____

Tetanus Vaccination: Yes No Circle All That Apply: Epilepsy Heart Problems Asthma

When:_____ Diabetes Thyroid Problem Other:_____

PARENT INFORMATION

Name of Parent/Legal Guardian:_____

Address:_____City:_____ Zip:_____

Home Number:(_____)_____ Cell:(_____)_____ Work:(_____)_____

INSURANCE INFORMATION - In case of medical treatment and/or expenses, the camper's personal medical coverage will be the primary carrier. Camp Insurance will be secondary to the camper's policy. PLEASE MAKE SURE ALL INSURANCE INFORMATION IS COMPLETE.

Insurance Company:_____

Address:_____City:_____St:_____ Zip:_____

Policy Number:_____

New: Fine Arts Clinic with experts in each category to help prepare you for Nationals or next years Districts. If you will be bringing your completed piece, state what category (s):_____

CREDIT CARD INFORMATION - If paying with credit card, please complete the following information. **ALL CREDIT CARD TRANSACTIONS WILL HAVE A 3% CONVENIENCE FEE.**

Card Type (circle one): American Express Discover Master Card Visa Card Number:_____

Name on the Card:_____ V-Code (3 digits on the back of the card. AMEX is 4 digits located on the front):_____

Billing Address:_____City:_____ST:_____Zip:_____

Cardholder's Email:_____ Amount to be charged:$_____ x 3%

PARENT/LEGAL GUARDIAN CONSENT

I, _____, hereby authorize camp personnel to obtain any medical care necessary while (camper's name)_____is involved in the South Texas District Camping Program. I understand, if necessary, the camper will be taken to a nearby hospital and will be attended to by a physician on call. I further understand that I will be responsible for any medical expenses incurred.

_____ _____
Parent/Legal Guardian Signature Date

OFFICE USE ONLY

Date:_____
AP:_____AD:_____
Cash:_____MO:_____
CC:_____CK:_____
Date:_____
AP:_____AD:_____
Cash:_____MO:_____
CC:_____CK:_____

MAKE CHECKS PAYABLE TO STXYM

MAIL COMPLETED FORMS TO: Youth Camp * P.O. Box 9714* Houston, TX 77213