



Camper Registration Form

VICK AND PATHFINDER CAMP AND CONFERENCE MINISTRIES

PO Box 559 · Manlius, NY 13104
315-692-4862

Please type or print all information with blue or black ink
One camper per form, please

CAMPER:

Camper's Name _____ Date _____
Last Name First Name

Male Female Date of Birth _____ Grade entering in the fall _____

Address _____
Street/PO Box, City, State, Zip

Camper's Email (if applicable) _____

Church _____ Region/Association _____

How did you hear about us? Church School Friend Mailing Other: _____

PARENT/GUARDIAN:

Parent/Guardian #1 Name: _____ Parent/Guardian #2 Name: _____
Address: _____ Address: _____
Email Address: _____ Email Address: _____
Primary Phone #: (____) _____ - _____ Primary Phone #: (____) _____ - _____
Secondary Phone #: (____) _____ - _____ Secondary Phone #: (____) _____ - _____

EMERGENCY CONTACT:

Emergency Contact #1 Name: _____ Emergency Contact #2 Name: _____
Relation to Camper: _____ Relation to Camper: _____
Primary Phone #: (____) _____ - _____ Primary Phone #: (____) _____ - _____
Secondary Phone #: (____) _____ - _____ Secondary Phone #: (____) _____ - _____

REGISTER FOR FIRST SESSION:

Session Name _____ Session Date _____

Bunk Mate Request (Limit One/ (NOT a sibling) and must be attending the same themed session.) _____

REGISTER FOR SECOND SESSION: if desired

Session Name _____ Session Date _____

Bunk Mate Request (Limit One/ (NOT a sibling) and must be attending the same themed session.) _____

- PLEASE TURN OVER -

PARENT/GUARDIAN PHOTO/VIDEO PERMISSION:

I give my permission for photographs and/or videos to be taken during the camp experience to be used for promotional purposes: _____ YES _____ NO Please note: NO SIGNATURE INDICATES CONSENT

Signed: _____

Date: _____

Registration Deadline: TWO WEEKS prior to camping session

- Registration form and deposit (per session) must be completed and received in order to be registered for camp
- Registration deadline: If mailing, two weeks prior to camp start. **Call for availability for anything less than two weeks*
- FULL PAYMENT is due 14 days before the beginning of camp session
- Limited scholarships are available. Please call 315-692-4862 or email vpccministries@gmail.com for more information
- There will be a \$25 fee for any bounced/returned checks

FEES	Amount
Session 1 Name _____	\$
Session 2 Name _____	\$
Late Fee: Add \$25 if registering less than 14 days before a camping session begins	\$
SUBTOTAL: Total fee for camping sessions	\$

DISCOUNTS	Amount
<ul style="list-style-type: none"> • Discounts do not apply to Lifeguard Training, Leadership Training (LIT) or Beginners Camp 	
\$25 Early Registration Discount <ul style="list-style-type: none"> • Register and pay in full for one week-long session by May 15th to qualify. • Applies once per summer per camper 	\$
\$25 Sibling Discount <ul style="list-style-type: none"> • Must have more than one child attending a week-long camp session to qualify • Applies once per summer per camper 	\$
DISCOUNT TOTAL:	\$

Subtotal from above (red box)	\$
Discounts from above (green box)	\$
Total due (red subtotal minus green discounts)	\$
Amount paid with registration (Minimum of \$75.00 NON-REFUNDABLE deposit)	\$
Balance due	\$

Make checks payable to:

Vick and Pathfinder Camp and Conference Ministries (or VPCCM)
PO Box 559
Manlius, NY 13104

Phone: 315-692-4862

Email: vpccministries@gmail.com

Rev. 12/2024