

Please Select a Week of Camp:

Teen Camp \$330
(Grades 7-12 & must be age 12 by Sept. 1, 2019)

- July 1-6 Scott Ashmore
- July 8-13 Cary Schmidt
- July 15-20 Aaron Coffey
- July 22-27 Steve Pettit
- July 29-Aug 3 Will Galkin
- August 5-10 Caleb Phelps
- August 12-17 Morris Gleiser

Junior Camp \$320
(Grades 3-7 & must be age 8 by Sept. 1, 2019)

- June 17-22 (Incl: "Good Memories" bundle) Mark Egerdahl
- June 24-29 Bob Roberts

Optional for Teen & Junior Camp:

- "Good Memories" bundle \$25
(shirt, pictures, book, and DVD)

Name _____

Grade in Sept. 2019 _____

Age _____ Date of Birth _____ / _____ / _____

Address _____

City _____ State _____ Zip _____

Home phone (_____) _____

E-mail: _____

Check this box if you do NOT want to receive periodic updates regarding the ministry of The Wilds.

My choice to room with _____
(One choice only, first and last name, see *Grade Level Breakdown)

Church name _____

City _____ State _____

Pastor _____

- Male Camper
- Female Camper
- Adult Sponsor
- Church Group
- Individual

Office Use Only

Pd \$ _____

Reservations are confirmed when the completed registration form and the required **nonrefundable \$50 deposit** are received in our office.
PLEASE CALL OR E-MAIL TO CONFIRM RECEIPT OF FAX


Contact Information:
The Wilds of New England
1181 Deering Center Road
Deering, NH 03244
Phone: (603) 529-0001
Fax: (864) 331-3285
E-mail: twne.summer.camps@wilds.org

***Grade Level Breakdown:**
7-9th Grade • 9-11th Grade
10-12th Grade • 11th-2019 Grad

NOTE: MAILED, SCANNED, FAXED, OR
HAND-DELIVERED REGISTRATIONS WILL
INCUR A \$10 PROCESSING FEE.

Signatures Required for application to be processed

"I have read the general information section in this brochure, and I agree to comply with the dress and conduct regulations while at camp."

 _____
Signature of camper

"I have read the general information section in this brochure, and I agree to support The Wilds in their dress and conduct regulations for my child while at camp. I also give permission for the camper to be included in any photos, recorded images, or any other transmission or reproduction for the purpose of camp publicity. In case of medical emergency, I understand every effort will be made to contact parents or guardians of campers. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for and order injection and anesthesia or surgery for my child as named above. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I also affirm that the medical information on this form is complete and correct."

 _____
Signature of parent or guardian

Father's name _____

Phone (_____) _____ E-mail _____
 Business Cell Home

Address _____

City _____ State _____ Zip _____

Mother's name _____




Phone (_____) _____ E-mail _____
 Business Cell Home

Address _____

City _____ State _____ Zip _____

All registrations are processed in the order they are received. To pay your deposit, please fax this form with your credit card information or mail the form with your check or credit card information.

Charge \$50 Deposit (nonrefundable) Charge Total Amount

Card Number _____ Exp. Date _____ CVV# _____

Print name as it appears on card _____ Billing Zip Code _____

Signature of cardholder _____

Medical Information

Please print clearly

Camper's physician _____

Phone (_____) _____

Each camper must be immunized against the following: polio, measles, mumps, rubella, diphtheria, pertussis, and tetanus. Date of last tetanus shot _____

The State of New Hampshire requires camps to have immunization records and proof of a recent (within the past two years) physical on file. Please have your child's doctor send the immunization records and paperwork from the most recent physical to The Wilds of New England.

Medication taken regularly (If the camper uses an inhaler or epi-pen, please send a copy of the original prescription.) _____

Reasons for taking medication _____

Specific Allergies:

Medication _____

Insects _____

Food _____

Other _____

Type of allergic reaction _____

Treatment given _____

Preexisting medical conditions _____

Specific activities to be restricted _____

Reason for restriction _____