

Streamside Family Camp

June 22-24, 2012

Who can come?

Family members of all ages are welcome. At least one parent, grandparent, or guardian with one or more children.

What's the cost?

\$75 per Adult (age 18 and older)
 \$50 per Teen (age 13-17)
 \$25 per Child (age 5-12)
 FREE under age 5

When is it?

June 22-24, 2012

Registration begins at 7:00pm, Friday (supper will not be provided.) The event ends Sunday after lunch at 1:30pm.

Need a ride?

Streamside is offering transportation from Philadelphia for those needing a ride. See registration form for cost.

Additional information

Additional information will be sent to those who register or can be found on our web site at www.streamside.org. Please call Streamside with questions, (570) 629-1902.

Streamside Family Camp Registration Form

Complete the registration form below and send it along with a non-refundable deposit of \$25 per person to **Streamside Camp, 303 Possinger Drive, Stroudsburg, PA 18360**

Registration

Parent/Guardian's Name _____ Male / Female ***Must be at least 18 years old***
 Additional Camper _____ Male / Female 18 or older: Yes / No, if no, age ____
 Additional Camper _____ Male / Female 18 or older: Yes / No, if no, age ____
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 Additional Camper _____ Male / Female 18 or older: Yes / No, if no, age ____

Contact

Address _____ City _____ State _____ Zip _____
 Phone: Home _____ Cell _____ Email _____
 Emergency Contact _____ Relation _____ Phone (____) _____

Housing

No. of people	Type of housing	
_____	Single family cabin	
_____	Same gender cabin { <small>Adults with or without children</small> } Male / Female	(Circle One)
_____	Kids' (ages 8-12) cabin with Streamside counselors	
_____	Teens' (ages 13-17) cabin with Streamside counselors	
_____	Share a family cabin with relatives (up to 12 beds)	
	other family _____	

Travel Plans

Streamside Transportation from Phila., round-trip cost \$40 per person

Special Needs

Please list of any known allergies or health conditions requiring treatment, restrictions or other accommodations while at camp. _____

Amount Enclosed	Number	Amount Due
Number of Adults	_____ X \$75 = \$_____	
Number of Teens	_____ X \$50 = \$_____	
Number of Children	_____ X \$25 = \$_____	
Deposit - Due NOW	_____ X \$25 = \$_____	
Streamside Trans. - Due NOW	_____ X \$40 = \$_____	
TOTAL amount with Registration	_____ = \$_____	
Balance - Due 2 weeks before camp	_____ = \$_____	
Type of Payment		
<input type="checkbox"/> Check/Money Order # _____		
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		
Card Holder's Name _____		
Credit Card # _____		
Exp. Date: ____/____/____ Security Code (3 digit code on back): _____		

Authorization for Treatment and Consent

I hereby give permission to the medical personnel selected by the Streamside Camp director to order X-rays, routine tests, and transportation as deemed necessary for me/my minor child. The person herein described has permission to engage in all prescribed camp activities except as noted. I understand that there are risks inherent in camp activities and agree to hold BCM International/Streamside Camp and Conference Center, its staff, volunteers, directors and officers blameless in all instances. Should it become necessary for me/my child to return home for medical or disciplinary purposes, I will arrange for transportation at my expense within four (4) hours of the request. I agree to allow BCM International/Streamside Camp and Conference Center to use audio, video, still pictures and stories of myself and/or my child for promotional purposes. By my signature, I consent to these statements and grant such authorizations.

SIGNATURE of parent/guardian _____ Date ____/____/____