

**Contact Information:**

84 Wimberly Ln  
Huntsville, TX 77320  
936-594-4446  
Fax 936-594-4447  
www.carolinacreek.org  
office@carolinacreek.org



Please attach recent camper photo to fit box.

This is for camper identification purposes only.

## 2010 CAMPER APPLICATION

### Camper Information

Last Name		First Name		MI
_____		_____		_____
Mailing Address		City, State	Zip	Camper's Email
_____		_____	_____	_____
Home Phone #	Birth Date	Age at Camp	Gender	Grade (Completed Before Camp)
____ - ____ - _____	___/___/___	_____	_____	_____
<input type="checkbox"/> First Time Camper <input type="checkbox"/> Returning Camper <input type="checkbox"/> Roommate Request (1) _____ (must have a matching request in order to guarantee)				

How did you hear about Carolina Creek Christian Camp? (*family, friend, Youth Leader, etc.*)

Church Name and/or Denomination

\_\_\_\_\_

Does camper have any physical, psychological, or activity limitations?

No

Yes (*If yes, please note on your Participation Agreement & Waiver*)

### Parent/ Guardian Information

Father's Name	Primary Phone #	Secondary Phone #	Email
_____	____ - ____ - _____	____ - ____ - _____	_____
Mother's Name	Primary Phone #	Secondary Phone #	Email
_____	____ - ____ - _____	____ - ____ - _____	_____
With whom does camper live?			
Mother	Father		
Both	Other	_____	

### Emergency Contact Information

Relationship (*if not parent*): \_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Home Phone #

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Business Phone #

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Cell Phone #

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Email

\_\_\_\_\_

Please Circle Age Level:

1 (ages 6 – 7)   2 (ages 8-9)   3 (ages 10-11)   4(ages 12-13)

Please Circle the 2010 Session(s) of Your Choice

June 5-9   June 27-July 3   July 4 – 10   July 11 – 17   July 18 - 24

Please Circle Age Level:

1 (ages 13-15)   2 (ages 15-18)

Please Circle the 2010 Session(s) of Your Choice

June 10-14   July 25 – 30

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**Camping Rates & Fees:**

Total Tuition: \$550  
Deposit: \$100 (*due with application*)

**Carolina Creek Bank:** \$50 (We recommend this amount in the camper's account for snacks and store items.)

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**2010 Payment Policy and Conditions of Application:**

1. Register before November 15, 2009 and receive \$25 off the cost of tuition.
2. To reserve your camper(s) space, we must receive your application with the \$100 deposit in our offices before May 1, 2010.
3. The remaining balance is due in our office on or before June 1, 2010.
4. Enrollment will not be complete until we also receive your completed camper's **Participation Agreement & Waiver Form**. This form is available at [www.carolinacreek.org](http://www.carolinacreek.org).
4. We do accept credit cards for tuition payment or deposit online at [www.carolinacreek.org](http://www.carolinacreek.org).

**Deposits for all campers = \$100**

**FULL BALANCE IS DUE June 1, 2010. If cancellation occurs before June 1, 2010 all money, excluding the \$100 deposit, will be refunded. If cancellation after June 1, 2010, all payments will be forfeited unless space can be filled from our waiting list. If space is filled, all money, excluding the \$100 deposit, will be refunded.**

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**Enclosed Payment:**

Check # \_\_\_\_\_

Camper Deposit \$ \_\_\_\_\_ (***must accompany application***)

Camper Balance \$ \_\_\_\_\_

Camp Bank \$ \_\_\_\_\_

Total Amount Paid \$ \_\_\_\_\_

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**THE BOX BELOW MUST BE SIGNED FOR APPLICATION TO BE PROCESSED.**

My child has my permission to attend Carolina Creek Christian Camp in 2010 and to participate in all activities. I hereby give permission to the physician selected by camp director to order X-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment, and to order injection and/or anesthesia and/or surgery for my child as named on this application. I agree to let camp staff administer over-the-counter medication to my child if necessary. I understand that as a participant, my child may be photographed or videotaped during normal Carolina Creek Christian Camp activities, and these photos/videos may be used in promotional materials. I understand that Carolina Creek Christian Camp cannot be responsible for lost or broken items, and that unclaimed items will be donated to charity after two weeks of the end of my camper's session. I understand, and will comply with, all camp policies and procedures. I also understand, and will comply with, all cancellation policies and procedures.

Parent or Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**MISSION STATEMENT**

***Carolina Creek Christian Camp is committed to providing a variety of sports and activities in an exciting environment where youth and adults can experience and know the love of Jesus Christ.***

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