



2008 REGISTRATION FORM

Use one form per camper. Please follow registration steps listed in the summer brochure.

CAMPER NAME _____ BIRTHDAY _____ GRADE _____ GENDER: Male or Female
(AS OF FALL '08)

CHURCH & CITY _____ SCHOOL _____ CAMPMATE _____
(IF APPLICABLE) (You may indicate more than one, but groupings are not guaranteed.)

FATHER'S NAME _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____ OTHER PHONE _____

E-MAIL _____ HOW DID YOU HEAR ABOUT CAMP VICTORY? _____
(FOR CONFIRMATION LETTER)

MARITAL STATUS:

Married / Single / Divorced

CUSTODY:

Joint / Father / Mother / Other

Tuition Worksheet

\$+ 79 Tuition for **CAMP CONQUEST** at _____
(for 6-12 yr. olds) (Host Church)

\$ - _____ **Other Discounts** (Church/agency payment, etc.)
Please specify:

\$ - _____ **Payment Enclosed** (Full payment is due at time of registration.)

\$ **Final Balance Outstanding**

- Yes, I would like to apply for scholarship assistance. Please send me an application form. **(Scholarships are available on a limited basis and will be awarded by the scholarship committee. The registration deposit must accompany all registration forms and scholarship applications!)**

Donation Worksheet

\$+ _____ **Camper Scholarship** (Help send a child to camp!)

\$+ _____ **Counselor Gift** (Help support our summer staff!)

\$ **Total Gift Enclosed**

Credit Card Information

Visa/MC/Discover Card# _____

Name on card _____

Expiration Date ___/___/___ Signature _____

Contract:

I hereby state that all the information above is correct to the best of my knowledge. I approve this application and agree to the terms stated above.

Signature of Parent/Guardian/Adult Camper _____

Date _____

CAMP VICTORY RESERVES THE RIGHT TO CANCEL ANY SESSION IF MINIMUM IS NOT MET

PLEASE MAIL TO: Summer Registrations, 58212-403 Ave., Zumbro Falls, MN 55991 Phone: 507.288.1525 or E-mail: info@campvictory.com