



YOUNG LIFE SUMMER CAMP REGISTRATION



CAMP NAME _____

REGION # _____

AREA # _____

CAMP DATES _____ TO _____

AREA NAME _____

Completed A-Form and health forms should be turned in upon arrival at camp. Please type names or print legibly. Enter campers on the first page and leaders on the second page. Camp Fee is total owed to camp (including pre-registration). Total payment of camp fees will be collected at camp.

CAMPERS ONLY (Please alphabetize by male and female)						
	Last Name	First Name	Male	Female	Health Form	Camp Fee
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
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CAMPERS ONLY (Please alphabetize by male and female)						
	Last Name	First Name	Male	Female	Health Form	Camp Fee
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46						
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81						
82						
83						
84						
85						
86						
TOTAL						

VOLUNTEER LEADERS ONLY
(Please alphabetize by male and female)

	Last Name	First Name	Male	Female	Health Form	Camp Fee
1						
2						
3						
4						
5						
6						
7						
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20						

SUBTOTAL

FULL-TIME YOUNG LIFE STAFF
(Please alphabetize by male and female)

	Last Name	First Name	Male	Female	Health Form	Camp Fee
1						
2						
3						
4						
5						

TOTAL LEADERS

FINANCIAL SUMMARY
(DO NOT fill in this section - camp office use only)

CAMP FEES

TOTAL NUMBER OF CAMPERS

x CAMP FEE \$ =

TOTAL NUMBER OF LEADERS

x CAMP FEE \$ =

OTHER CHARGES

TOTAL CAMP FEES =

UNFILLED RESERVATION CHARGES

MINIMUM LIABILITY IS 90% OF R2 RESERVATION

R2 RESERVATION: X 90% =

NO. OF CAMPERS AND LEADERS UNDER 90%:

x 1/3 OF CAMP FEE =

CAMP FEES + UNFILLED RESERVATION CHARGES =

PAYMENTS

LESS: PRE-REGISTRATION

INTERNAL TRANSFER \$ _____

CHECK (Non-YL areas) \$ _____

CHARGES MINUS PRE-REG PAYMENTS = NET DUE

LESS: AREA/DEPENDANT CAMPERSHIP TRANSFERS

AREA NO. _____ \$ _____

AREA NO. _____ \$ _____

AREA NO. _____ \$ _____

LESS: AMOUNT PAID BY CHECK (Non-YL areas)

BALANCE DUE =

Dependent Camp Scholarship Information

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Full-time staff parent name

Camper Name

Urban Camp Scholarships

Funds are transferred to the area following the camp trip.

Number of Spots

Area Trip Leader _____

Payment Completed By (Camp Staff) _____

Reviewed By (Camp Staff) _____

DATE _____