CAMP APPLICATION

THE CAMP@ SKIPSTONE

where summer lasts a lifetime!

Sign me up for Overnight Camp

☐ Children's Week	June 8-12	Grades 1st-5th	$250
☐ Adventure Week	June 15-19	Grades 3rd-7th	$275
☐ Camp Joy	June 22-25	Grades 1st-5th	sponsored
☐ Youth Week	June 27-July 3	Grades 6th-10th	$250

Sign me up for Day Camp

☐ Art Week	June 8-12	Grades 1st-6th	$200
☐ Musical Theater	June 15-19	Grades 1st-6th	$200
☐ Sports Week	June 22-26	Grades 1st-6th	$200

Camper Name _____

Male Female Birthday _____ Age _____

Grade completed as of 6/1/15 _____ School _____

Address _____ City _____ State _____ Zip _____

Church _____ City _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

In case of emergency, please call _____

Please list any physical limitations, allergies, medications, or other medical problems that might require special attention

_____

_____

How did you find out about Camp Skipstone? _____

One person (about my age) that I want to room with is _____

T-shirt size: 10-12 14-16 Adult small Adult medium
Adult large Adult X-large Adult XX-large

Enclosed is...

_____ $75 deposit for overnight camp
_____ $75 deposit for day camp
_____ $250 total for overnight camp
_____ $275 total for Adventure week
_____ $200 total for day camp

☐ I would like to pay by credit card, please call me.

Please fill out application completely and mail with your deposit or total camp fee to: Camp Skipstone, 600 Baptist Camp Road, Griffin, GA 30223.

Office Use

Total _____
Deposit _____
Balance _____
IC _____
RC _____
Discount _____
Cabin # _____
Notes
_____
_____

_____ has my consent to attend Camp Skipstone. It is my understanding that Camp Skipstone will notify me in the event of any emergency that would seem to require a physician's attention. In the event that I cannot be reached, the physician/medical facility has my permission to treat child. I do not hold Camp Skipstone or any of its agents or representatives responsible for the health and safety of child while on the premises or in their care. I further certify that to my knowledge, child has not been exposed to any contagious diseases within the last 30 days. Camp Skipstone also has my permission to video and photograph child. I have read carefully and agree to the above conditions.

Parent/Guardian Signature _____ Date