

Church Name: _____ Minister: _____ Phone: _____

Pre-Registration Worksheet

Event ID#	Event Name	Dorm 1st Choice*	Dorm 2nd Choice*	Grade This Fall	Fee	Amount Your Church is Paying	Postmarked By 5/21 Discount \$5	Bring-A-Friend** Discount \$10	Name of First Time Camper You Are Bringing	Total After Discounts (if any)	Amount Sent With This Card***	Amount Due At Registration
Total Pre-Registration Fee enclosed for Event(s)											\$	

* Dorm choice is only necessary for Main Camp events. Dorm codes - Girls' dorms: J = Jerusalem; E = Egypt; B = Bethlehem - Boys' dorms: C = Capernaum; B = Bethany
 ** If this is your first time to attend WVCC, you may deduct \$10 from your first overnight event. If you are a First Time Camper, you are not eligible for the Bring-A-Friend discount.
 *** The minimum you must enclose to pre-register is \$10 per event. (some events require 50% of fees for pre-registration. See brochure.)

NOTE: Our fees are only 50% of actual cost. We rely on donations from those who want to partner with WVCC in this ministry.
 I want to partner with God's ministry at WVCC. I have enclosed an additional donation. \$ _____

I do hereby state that I am the parent or legal guardian of (Printed Name of Camper) _____, a minor. I authorize Wonder Valley Christian Camp, in the city of Salem, county of Washington, state of Indiana, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine in the United States of America. This application is made with my approval. I agree to the above statements and will in no way hold the camp management responsible for any accident that might befall the applicant caused by negligence or disobedience on the part of the campers. I (We) understand that registration gives Wonder Valley Christian Camp permission to use registrant's image in publicity materials (photos, videos, quotes) unless I (we) have indicated otherwise.

Printed Name of Parent or Legal Guardian _____ X Signature of Parent or Legal Guardian _____ Date _____