



**New Hampshire Conference, United Church of Christ
Outdoor Ministries**

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Name _____ Age _____ Sex M F
 Address _____ Grade Entering: _____ Birth Date _____
 City _____ State _____ Zip _____ Phone (____) _____
 Camper's Email Address _____
 Church Denomination _____ Church Name & City & State _____
 Pastor _____
 How many years have you attended camp at Horton Center? _____ Geneva Point Center? _____ First Time? _____

Camper Lives With (circle one) Both Parents Mother Father Other
 (relationship) _____
 Parent Name _____ Parent Name _____
 Work Phone _____ Home Phone _____ Work Phone _____ Home Phone _____
 Cell Phone _____ FAX number _____ Cell Phone _____ FAX Number _____
 Email Address _____ Email Address _____
 Emergency Contacts if parents cannot be reached. (Include their relationship to the camper).
 Name _____ Relationship _____ Home Phone _____
 Name _____ Relationship _____ Home Phone _____

List the camp you plan to attend: To qualify for the \$15 family Earlybird rate, registration must be postmarked by April 1, 2008.

Camp Name _____ **Camp Dates** _____
See the Camp Schedule for Names and Dates of Camp

A family sending two (2) or more campers can receive a \$25 per camper discount. Applications must be submitted together to receive the discounts. Name (s) of family attending camp

How did you learn about this camp? Check all that apply :
 hortoncenter.org Google Summer Camp Expo Parenting N.H. Union Leader Other newspaper
 Friend Church N.H. Camp Directory I was a previous camper Other: _____

Are you willing to drive other campers to camp? Within what geographic area?

Please Note: Photographic images taken of campers may be used for promotion of NHCUCC Outdoor Ministries; including but not limited to future camp brochures, promotional slide shows, video presentations, and the Horton Center website.
 Payable to NHCUCC must accompany this registration: Check _____ Campership (Form attached)
 Church Camp Registration Fee \$ _____ My Church has agreed to pay \$ _____ of the camp registration fee.
 Check # _____ Date on Check _____ Driver's License # _____
 Name as it appears on check:
 Date Rec'd Payment: