

# 2010 ADULT REGISTRATION FORM

\$50 deposit required payable to Kirkmont Center. **Registering for more than one camp? Please use a separate registration form for each one.** Only one Medical Form is required. We now accept major credit cards, see below.  
**KIRKMONT CENTER, PO Box 128, 6946 COUNTY ROAD 10, ZANESFIELD, OH 43360 + PHONE 937/593-2141 + 1-800-572-1747 + FAX 937/593-1617**  
*Questions? Please feel free to call the office from Monday – Friday, 8 a.m. – 4:30 p.m.*

**PLEASE PRINT WITH DARK INK, COMPLETE ALL SECTIONS & MAIL OR FAX FORM TO KIRKMONT CENTER**

*An Adult Medical Form may be downloaded from the web-site ([www.KirkmontCenter.com](http://www.KirkmontCenter.com)) or will be mailed as soon as the Registration Form is received in the Kirkmont Center Office.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Circle: Male or Female  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

► Circle Adult T-Shirt Size: S M L XL XXL XXXL

Home Church \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Church Address \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SIGNATURE** (Pastor, Educator, Clerk or Treasurer) \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** *Signature is required to be eligible for Miami/Maumee Valley/Scioto Valley/Cincinnati Presbytery summer camp fee rate regardless of whether or not church pays part of the fee.*

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Work Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**CAMP CHOICE:** Use separate form if registering for more than one.

Camp Name	Camp Date(s)	\$ Camp Fee
_____	_____	_____

Financial assistance to be provided by Home Church? \$ \_\_\_\_\_

► **Photo/Video Release:** I give my permission for pictures/videos taken during camp to be used for camp publicity.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**KIDS KAMP OR GRANDPARENT WEEKEND:** Please list the name(s) of the children you will be accompanying

Child's Name _____	Relationship to child _____
Child's Name _____	Relationship to child _____
Child's Name _____	Relationship to child _____
Child's Name _____	Relationship to child _____
Child's Name _____	Relationship to child _____

Credit Card Number: |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|X|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|X|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|X|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

Circle: Visa MC Disc Exp. Date: |\_\_\_\_|\_\_\_\_|X|\_\_\_\_|\_\_\_\_| Amount \$ \_\_\_\_\_ Signature on card \_\_\_\_\_

**FOR OFFICE USE ONLY – PLEASE DO NOT WRITE OR MARK IN THE AREA BELOW**-----

Fee	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<u>Balance</u>					
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