

Camp GROW Registration Form



The GARD Center
Phone: 268-463-4121
Fax: 268-562-0084
Email: admin@gardc.org
www.gardc.org

EAG
Phone: 268-462-6236
Email: eag@candw.ag
www.eagantigua.org

Camper's Name: _____
(please print FULL name)

Gender: M F Camper's Date of Birth: _____
(Day / Month / Year)

Mailing Address: _____

Parent / Legal Guardian: _____
(please print FULL name)

Email: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____

Parent or Guardian's Signature _____ Date *(Day / Month / Year)* _____

- This application has my approval and consent and I authorize the camp staff to act for me according to their best judgment in an emergency.
- I understand that no part of the fee is to be refunded in the event of dismissal for misconduct or withdrawal for homesickness.
- Of course the use of tobacco, drugs, alcohol products, or knives/weapons will not be permitted. Infractions may result in dismissal.
- I give my permission to the camp to use pictures of my child for print and electronic promotional purposes.

Please check this box if you would like us to call you about options for financial assistance.

The Camp GROW enrollment fee is \$150 (EC)

CHECK ENCLOSED *(Payable to EAG, with a note in the memo that says "for Camp GROW")*

CHARGE MY CREDIT CARD

VISA MASTERCARD

ACCOUNT #: _____

EXPIRATION DATE: _____

AMOUNT: _____

CARDHOLDER'S NAME: _____
PRINT NAME AS IT APPEARS ON CARD

SIGNATURE: _____