

# 2019 Camp Registration 1

Check ONE only per form, and mail to the respective camp.

**Reynoldswood:**  J.O.Y. Camp  Woodland Camp  Chicago Metro Camp  
621 Reynoldswood Rd, Dixon, IL 61021. Checks payable to Reynoldswood.  
Questions: 815-284-6979 OR register@niccamp.org

**Wesley Woods:**  Family Camp  Sailing Camp  Total Camp  
250 Stam Street, Williams Bay, WI 53191. Checks payable to Wesley Woods.  
Questions: 262-245-6631 OR register@niccamp.org

## Camper Information

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
NICKNAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

## Grade Entering in the Fall

2  3  4  5  6  7  8  9  10  11  12  13  Adult Vol

## T- Shirt Size

Youth M  Adult S  Adult M  Adult L  
 Adult XL  Adult 2XL  Adult 3XL

Home Church \_\_\_\_\_ Church Town \_\_\_\_\_

## Request up to 2 cabin-mates

CM1 \_\_\_\_\_ CM2 \_\_\_\_\_

## Parent/Guardian Information

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE 1 \_\_\_\_\_ PHONE 2 \_\_\_\_\_  
TEXT # \_\_\_\_\_ EMAIL \_\_\_\_\_  
MAIL ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP CODE \_\_\_\_\_

## Debit/Credit card payment information

NAME AS IT APPEARS ON CARD \_\_\_\_\_ / \_\_\_\_\_ EXPIRATION \_\_\_\_\_  
(MONTH/YEAR)  
CARD NUMBER \_\_\_\_\_  
SECURITY CODE \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ \$ \_\_\_\_\_ FOR CAMP STORE  
By my signature above, I am instructing Outdoor & Retreat Ministries to charge the amount indicated on the "Total Amount To Charge" line, to my above-specified debit/credit card.  
\$ \_\_\_\_\_ + DEPOSIT OR CAMP FEE  
If I neglect to specify an amount, I understand that it will be charged the non-refundable \$50 deposit.  
\$ \_\_\_\_\_ = TOTAL AMOUNT TO CHARGE

If paying by check, print your Camper's Last Name, First Name and camp name in the Memo Field.

Register Online at [niccamp.org/summercamps](http://niccamp.org/summercamps)

THANK YOU!

# 2019 Camp Registration 2

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Questions: 262-245-6631 OR register@niccamp.org

## Camper Information

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
NICKNAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

## Grade Entering in the Fall

2  3  4  5  6  7  8  9  10  11  12  13  Adult Vol

## T- Shirt Size

Youth M  Adult S  Adult M  Adult L  
 Adult XL  Adult 2XL  Adult 3XL

Home Church \_\_\_\_\_ Church Town \_\_\_\_\_

## Request up to 2 cabin-mates

CM1 \_\_\_\_\_ CM2 \_\_\_\_\_

## Parent/Guardian Information

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE 1 \_\_\_\_\_ PHONE 2 \_\_\_\_\_  
TEXT # \_\_\_\_\_ EMAIL \_\_\_\_\_  
MAIL ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
ZIP CODE \_\_\_\_\_

## Debit/Credit card payment information

NAME AS IT APPEARS ON CARD \_\_\_\_\_ / \_\_\_\_\_ EXPIRATION \_\_\_\_\_  
(MONTH/YEAR)  
CARD NUMBER \_\_\_\_\_  
SECURITY CODE \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ \$ \_\_\_\_\_ FOR CAMP STORE  
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