

APOSTOLIC CAMP INTERNATIONAL 2012

Registration Form

This form is to be used by **CAMPERS 10 AND OLDER**

Please print clearly

*Indicates required information

PERSONAL INFORMATION

*Date of Birth _____

*Last Name _____ *First Name _____ M.I. _____

*Home Mailing Address _____ *City/State/Zip _____

*Home Phone # _____ Alternate Phone # _____ E-Mail _____

*Gender: Male Female Status: Single Married Divorced Widowed

*Church Name _____ *Church City/State _____

REGISTRATION INFORMATION

Registration For	Check Here	Fee	After June 17, 2012 Add \$25 late fee
Full Week Camper	<input type="checkbox"/>	\$355	\$380
Late Arrival Camper (Wednesday)	<input type="checkbox"/>	\$260	\$285
Late Arrival Camper (Thursday)	<input type="checkbox"/>	\$195	\$220
Late Arrival Camper (Friday)	<input type="checkbox"/>	\$125	\$150
Off-Campus Camper	<input type="checkbox"/>	\$110	not applicable
Miami, FL to Lakeland, FL Charter Bus	<input type="checkbox"/>	\$60	not applicable

Other Information

Transportation (how will you be traveling to Lakeland, FL?)	<input type="checkbox"/> S.F. Charter Buses <input type="checkbox"/> Church Group <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Air
Roommate Preferences	Roomate 1: _____
	Roomate 2: _____
	Roomate 3: _____
	Roomate 4: _____

Health and Special Needs Information

Health Insurance Company & Policy ID	_____
Do you have any food allergies? If yes, what are they?	_____
Please list medical conditions that ACI needs to be aware of	_____
Please list any medications that will be taken while at camp	_____
Please indicate any special requests for accommodations while at camp	_____

LIABILITY RELEASE AND APPROVALS

I understand that all campers are expected to participate in the camp program and take direction from Apostolic Camp Directors and Counselors. Campers who are unable to follow ACI rules and take direction could at the discretion of the Director or Administration be asked to leave. Parents under these circumstances would then be contacted to make arrangements to have their children picked up. I give permission for my child to participate in recreation and other planned camp activities under camp leadership. I give permission for my child to receive emergency medical care if necessary. I hereby release, forever discharge, and agree to hold harmless ACI and the directors thereof from any and all liability, claims of demands for personal injury, sickness or death, property damages and expenses, not resulting from the negligence of ACI, which may be incurred by the undersigned and the participant that occur while said person is participating in any ACI sponsored activities. ACI will not be liable for any medical conditions not disclosed on the registration form. ACI does not provide personnel to assist campers needing special medical attention.

Camper's Signature (if camper over 18) _____

Parent's Name _____ Parent's Signature (if camper under 18) _____

Pastor's Signature (approval to attend ACI 2012) _____

RETURN COMPLETED FORM AND DEPOSIT TO YOUR CHURCH REPRESENTATIVE

FOR OFFICE USE ONLY

Deposit Amount: \$ _____ Paid by: _____ Cash Check # _____ Money Order Debit Card