



**2014 CCIW POST-HIGH WEEKEND RETREAT**  
**CAMP WALTER SCOTT**  
**JULY 18-20, 2014**  
**AGES 19-30**  
**Fee \$105.00 (postmarked by July 4, 2014)**



**You are not considered registered until this completed form with all signatures and full payment are received by the CCIW.**

**Camper's Name** \_\_\_\_\_  
Last Name                      First Name                      Middle                      Nickname

Church Affiliation \_\_\_\_\_ City \_\_\_\_\_

Gender F \_\_\_\_\_ M \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

**Contact person, in case of an emergency during camp.**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Office (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CHECK YOUR CHOICE OF THE FOLLOWING T-SHIRT SIZE**

Youth M \_\_\_\_\_ Youth L \_\_\_\_\_ Adult S \_\_\_\_\_ Adult M \_\_\_\_\_ Adult L \_\_\_\_\_ Adult XL \_\_\_\_\_ Adult XXL \_\_\_\_\_ Adult XXXL \_\_\_\_\_

**MEDICAL INFORMATION:** Please bring all medical insurance information with you to camp. Bring all medications. Basic medications are available at the camp health office.

**For office use only**

ID# \_\_\_\_\_ Date App. Received \_\_\_\_\_ Date Entered \_\_\_\_\_

Ck# \_\_\_\_\_ Ck Amt \_\_\_\_\_ Pd by \_\_\_\_\_

Ck# \_\_\_\_\_ Ck Amt \_\_\_\_\_ Pd by \_\_\_\_\_

(Registration continued)

### CCIW CAMPER PLEDGE

\*\*\*\*\*Both signatures are required\*\*\*\*\*

<p><b>Camper:</b> I agree to participate fully in the camp program, to cooperate with the camp Leaders, and to attend the entire camp event. I will not bring electronic devices, TV's, firearms, knives, food, fireworks, electronic games, alcohol, or drugs (except those listed under health information). I understand that if I do not abide by camp policy, I may be sent home at my own expense.</p> <p>_____</p> <p>(Signature of Camper) Date: ___/___/___</p>	<p><b>Pastor:</b> I understand that the camping program is an integral part of the education ministry of the total church. Therefore, I will help this camper understand the purpose of church camping before he/she attends and will talk to him/her following camp to reflect on its events and meaning, If there are emotional or family issues that might affect the camper or the camp; I will inform the director about those before camp begins.</p> <p>_____</p> <p>(Signature of Pastor) Date: ___/___/___</p>
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I would like to room with\_\_\_\_\_. (Final assignment at director's discretion)

Any additional concerns or things that may make the campers experience worthwhile: \_\_\_\_\_

Please initial here \_\_\_\_\_ if you **Do Not** want your voice, picture, image/likeness, or video used for church promotional purposes, including but not limited to web sites, flyers, slide shows at church functions and video clips. (CCIW would seek permission for major advertisement where you would have a primary role.)

MAKE CHECKS PAYABLE TO:

**CCIW**

RETURN COMPLETED FORM WITH SIGNATURES and FUNDS TO:

**CCIW**

**ATTN: CAMP REGISTRAR**

**1011 N. MAIN ST**

**BLOOMINGTON, IL 61701**

**Camper will not be considered registered if there is missing information or blank signatures.**

**Full payment must accompany registration form.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_