



OPERATED BY

**CAMPS · IN · COMMON**

a non-profit corporation

P.O. Box 11061  
Oakland, California 94611

PHONE 510.336.2267  
FAX 510.601.1595

Please include contact information for each household in your party. You may copy this form or attach additional paper.

## Family Camp Registration

CONTACT PERSON: FIRST MI LAST

STREET ADDRESS APT.#

CITY STATE ZIP

DAY PHONE: EVENING PHONE: E-MAIL:

Camper Name	Age	Arrival Date	Departure Date	# of nights	Rate	Amount
<b>TOTAL</b>					elec. surcharge x \$5/tent/cabin	

CAMPER PREFERENCES:  Tent  Cabin Electricity:  Yes  No (\$5/day surcharge for each tent or cabin with electricity)  
# of campers preferring Vegetarian Meals \_\_\_\_\_ Referred to Feather River Camp by \_\_\_\_\_

## Children and Youth Camp Registration

CAMPER NAME: FIRST MI LAST

STREET ADDRESS APT.#

CITY STATE ZIP

DAY PHONE: EVENING PHONE: E-MAIL:

CAMPER AGE BIRTH DATE GRADE IN FALL SCHOOL IN FALL GENDER

SESSION \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

PARENT/GUARDIAN: FIRST MI LAST

STREET ADDRESS APT.#

CITY STATE ZIP

DAY PHONE: EVENING PHONE: E-MAIL:

RELATIONSHIP TO CHILD LANGUAGE(S) SPOKEN AT HOME  Please send me 'Campership' information

I am the parent/guardian of \_\_\_\_\_, I hereby consent that my child may go to Camp \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. My child is in good health and I will see that he/she is at the correct bus stop at the right time with adequate camp clothing, bedding, any necessary medicines in their original containers and with complete written instructions for storage and administration. I will arrange to have my child met when the children return.

PARENT/GUARDIAN SIGNATURE DATE

I understand that camp activities may include all or any of the following: swimming, camp crafts, hiking, overnight/campout trips, bicycling, cookouts, games, horseback riding, hayrides, ropes course, sports, campfires and being photographed or filmed for camp publicity purposes. Enrollment of a minor as a camper shall constitute consent of parent/guardian for said camper to participate in all activities offered and scheduled by the camp management except: \_\_\_\_\_. I understand that Camps in Common does not assume liability in case of injury to my child.

PARENT/GUARDIAN SIGNATURE DATE

## Payment Information

AMOUNT ENCLOSED \$ \_\_\_\_\_ DATE \_\_\_\_\_

CASH  CHECK # \_\_\_\_\_ (Payable to Camps in Common)

CARDHOLDER'S NAME (PLEASE PRINT)

VISA  # \_\_\_\_\_

EXP DATE \_\_\_\_\_ CARD ID NUMBER (CID)\* \_\_\_\_\_  
(\*last 3 digits on back of credit card)

CARDHOLDER'S SIGNATURE