

Amount Enclosed \$ _____

CAMP HOPEWELL 2008 APPLICATION FORM

NAME _____

NAME FOR NAME TAG _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

BIRTH DATE ____/____/____ GENDER _____

CABIN MATE REQUEST _____

PARENTS' NAMES _____

HOME PH ____/____/_____

HIS WORK PH ____/____/_____ HER WORK PH ____/____/_____

CHURCH AFFILIATION _____

CAMP CHOICES:

1st _____, DATES _____ FEE \$ _____

2nd _____, DATES _____ FEE \$ _____

3rd _____, DATES _____ FEE \$ _____

PLEASE BILL MY MC _____ or VISA _____ FOR \$ _____

CARD # _____

Expiration _____

Signature _____

____ Please send Campership Form

Please bill my church for \$ _____. Signature of Pastor or church official required.

Signature _____

TOTAL FEE \$ _____

Deduct \$10 from event fee for second & each additional week. Photographs or video of the above named person _____ may / _____ may not be used on Hopewell web page or for publicity.

Parent/Guardian signature

NOTE: (You may pay any amount toward the total fee, but a minimum deposit of \$50 per week is required, \$150 for rafting trip.)