

Registration Form - Also available online at www.holstoncamping.com

To register by phone, call (423) 929-9037, ext. 235 or ext 236, Monday through Friday, 10 AM – 6 PM

Camper Name: _____
First Last

1ST Choice: Campsite _____ Date of Session _____ Session Title _____ Session # _____

2ST Choice: Campsite _____ Date of Session _____ Session Title _____ Session # _____

3RD Choice: Campsite _____ Date of Session _____ Session Title _____ Session # _____

Registering Parent/Guardian/Contact:

Name: _____

Address: _____
Street/Route City State Zip

Phone: Home (_____) _____ Day (_____) _____ Cell (_____) _____

Email Address: _____

Second Parent/Guardian/Contact: (name) _____

Phone: Home (_____) _____ Day (_____) _____ Cell (_____) _____

Camper Information:

Gender: _____ Birth Date: _____ Age: _____ School Grade in Fall 2008: _____ Race: _____
Month Day Year

Buddy Request: _____

Church Home: (Name) _____ (City) _____

Denomination or Religious Affiliation: _____

Holston United Methodists, circle District:

Abingdon	Johnson City	Morristown
Big Stone Gap	Kingsport	Oak Ridge
Chattanooga	Knoxville	Tazewell
Cleveland	Maryville	Wytheville

Source of Payments: (List all Payments, Charges, Camperships)

Name of Payee	Amount	Check #, Type of Charge, Campership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total =	\$ <input type="text"/>	

Payments:

Cost of Camp Session	_____
Minus Early Bird Discount	_____
Minus Recruit a New Camper Discount *	_____
Net Cost of Camp Session	_____
Plus Scholarship Donation	_____
TOTAL PAYMENT	_____
*New Camper's Name	_____

I authorize billing to my charge card. Check one: MasterCard Visa Discover

Card # _____ Exp. Date _____

Name of Card Holder _____

Address _____

Write check to **Holston Conference CRM** or send completed charge information with registration form to:

REGISTRAR - HOLSTON CONFERENCE CRM
 PO BOX 2506 • JOHNSON CITY, TN 37605-2506