



16:14 Missions Registration Form

Church Name: _____

Church Address: _____

Church Phone: _____

Leader's Name: _____

Leader's Email: _____

Leader's Cell Phone: _____

Leader's Home Phone: _____

Week Attending Camp: _____

Desired Missions Experience (Check all that apply.)
 Urban Rural
 Camp Help us choose.

# of Students	x \$350 = \$
# of Leaders	x \$350 = \$
Total Cost = \$	

<i>How much of the registration cost is each of the following responsible for paying?</i>	
STUDENTS responsible to pay?	\$
LEADERS responsible to pay?	\$
CHURCH responsible to pay per person?	\$
Choose One: Check Credit Card	

Be sure to include...

- **COMPLETED ROSTER:** Name, Address, Date of Birth for ALL! (Yes, leaders too!) Include parent/guardian name(s) and an email address.
 - ***Please indicate advisors on the roster with an asterisk*** Groups should follow their church's policies regarding student to leader ratios.
 - If you need to change your roster after the initial registration, please, call or email us.
- **SUBMIT REGISTRATIONS AS SOON AS POSSIBLE:** You may electronically submit, email, or print & mail this form. *Mail to:* Volunteer Coordinator, 957 Camp Hebron Rd., Halifax, PA 17032.

Other notes & reminders to consider...

- **PAYMENT, TRANSFERS & CANCELLATIONS:**
 - Students may pay their portion of the registration cost through their online accounts. All deposits are nonrefundable.
 - Churches may pay remaining balances via check or credit card. Make checks payable to **Camp Hebron**. The amount paid for registration is transferable to another person.
 - Refunds will only be issued in the event of a medical or family emergency.
- If you wish to register within two weeks of the retreat, please, call (717) 896-3441 to see if space is available.