

Registration Form: "Take a Break" August 8 - 13, 2010

Registration Opens immediately!

Take a Break Camp serves Military Youth with first priority given to children whose parent(s) have been, are, or will be deployed within an 18 month window (space is limited) and will be accepted on a first-come, first serve basis.

Please send this completed form and "hold my spot" fee to:

Pioneer Camp and Retreat Center
9324 Lake Shore Rd. Angola, NY 14006

I understand that if my child is selected to attend the Take A Break Camp session in 2010, I will be required to submit a "Hold My Spot" fee of \$25 per child with the completed camp registration packet, payable by check and or credit card. I understand my check will not be cashed and/or my credit card not charged but held until my child arrives at camp or if I cancel at least 10 days prior to the start of camp, at which time my check will be returned to me or my designee and/or credit card information destroyed. Cancellations can be made by phone or email. If I fail to cancel within the allotted time I understand my check will be cashed and/or credit card will be charged and my child will be ineligible to participate in future Take A Break Camp programs.

Child's Name: *(First & Last)* _____

Age: _____ Birthdate: _____ Gender: _____ Shirt Size: _____

Parent/Guardian: _____ Phone: _____

Address: _____

City, State, Zip _____

Parent Email: _____ Parent Cell phone: _____

Service Member: _____ Relationship to Camper: _____

Branch of Service: _____ Dates of Deployment: _____

Emergency Contact: _____

Relationship to Camper: _____ Phone: _____

Photo & Video Release: During the run of it's programs, Pioneer staff may take photographs of various program activities and participants for future promotional use. If you DO NOT consent to having your child's image/likeness used in promotional materials, check the box to the left. (Consent not required for attendance.)

Information Release: During the week of camp many friendships are made and contact information is shared in the form of a social register. If you DO NOT consent to having your child's name and address shared with other campers and staff in this way, check the box to the left. (Consent not required for attendance.)

Signature: _____ Date: _____

For VISA, MASTERCARD, DISCOVER payment: charge amount: _____

Name on card: _____

Card Number: _____

Exp. Date _____ Verification # (3digits) _____

Signature: _____

Date Rec'd _____
Amount Rec'd: _____
Balance Due: _____
Ack Sent: _____