

Grand View Camp Group Registration Form
(Return completed form to your group leader.)

Group/Church Name _____

Week of Camp _____

Total Cost _____ \$35 due at registration; remaining balance due upon arrival at camp.
(Please make payments to group/church)

First Name _____ Last Name _____ Birth Date ___/___/___

Address _____ City _____ State _____ Zip Code _____

Grade in school next Fall _____

Parent/Guardian Name _____ Phone Number _____

Parent Guardian E-mail _____

Roommate Request _____

Please follow these guidelines when choosing a roommate. 1) Choose only one person and include their first and last name. Your choice must choose you. 2) Grade level breakdown: 7th-9th, 9th-11th, 10th-12th) Multiple roommate requests cannot be honored. Choices and room assignments are subject to change per recommendations of Group Leaders.

Pre-Order Options (must be paid at time of registration). **Please include funds for pre-orders when you return your form.**

Summer Camp T-Shirt (\$12) select size YS, YM, YL, AS, AM, AL, AXL, AXXL

Printed Photos- 5x7 Camp and 5x7 Cabin (\$8)

Water Bottle (\$15)

Trail Ride (\$8)- Junior campers led by staff; Teen campers 45 minute ride in National Forest

Amount Enclosed _____

This form is for Grand View Camp group registration. Please return this completed form and signed medical/waiver form to your group leader.