TEENS REDEEMED ADVENTURE CAMP REGISTRATION

This form is due no later than June 15. Late registrations will only be accepted on a case-by-case basis.

DATES: Sat-Sat, August 3-10, 2024 PRICING: Ages 14-17, \$375.00 **CAMPER INFORMATION** GENDER: NB LAST, FIRST NAME **BIRTH DATE** T-SHIRT SIZE: **DIETARY NEEDS:** Adult Small thru 3XL **GUARDIAN INFORMATION** LAST, FIRST NAME(S) CITY STATE ZIP CODE STREET | PO BOX PLEASE USE: Email Phone PHONE NUMBER **EMAIL EMERGENCY CONTACT INFORMATION** LAST, FIRST NAME LAST, FIRST NAME RELATION TO CAMPER PHONE NUMBER PHONE NUMBER RELATION TO CAMPER CAMP BURTON HAS PERMISSION TO: Video/photograph of the above named camper for promotional use ☐ Video/photograph of the above named camper for camp yearbook I understand that there are inherent risks involved with being a participant in Camp Burton's Teens Redeemed Adventure Camp. I understand that my camper will be hiking & camping in a "backcountry" setting, cooking on an open fire or camp stove, rafting and more. As the legal guardian of the above named camper, I give permission for them to participate in all programmed camp activities during the chosen camp dates. LEGAL GUARDIAN SIGNATURE DATE

PAYMENT INFORMATION | DEPOSIT + TUITION

There is a \$50.00 non-refundable deposit for all registrants that can be paid in the following ways:

- Enclosed checks can be made out to "Camp Burton".
- Credit or debit card payments can be made online by going to www.campburton.net: go to PROGRAMS > TUITION located at the top of the website. Go to the Teens Redeemed listing and select the payment amount you'd like to process. Be sure to make note of the camper's full name.

PLEASE CHECK ONE OF THE I	FOLLOWING:		
O I have made a non-refund	able deposit		
O I have made a partial pay	ment of: \$		
O I have made a full payment for camp tuition			
O I am requesting a camper deposit on or prior to June		ancial assistance; l agree to	p pay the \$50.00
O I agree to pay the \$50.00	deposit on or prior to	June 15, 2024. DSHS/DDA v	vill be billed for the
remaining fees:		,	, 20 200 10. 10
remaining fees: NAME OF DSHS/DDA CO	NTACT	CONTACT EMAIL	
	our campership fund.	CONTACT EMAIL If you choose to do so, let	us know by checking
NAME OF DSHS/DDA CO	our campership fund. g how much of your p	CONTACT EMAIL If you choose to do so, let	us know by checking ards this fund:

SUBMITTING YOUR REGISTRATION

Please complete all questions, check all boxes, and sign in designated areas. Once completed, return your registration and your deposit or confirmation of deposit in one of the following ways:

BY MAIL: Camp Burton VIA EMAIL: program@campburton.com

Attn: Program Director 9326 SW Bayview Dr. Vashon, WA. 98070.

You may fill out your form digitally or by

printing, completing, and scanning.

For these forms, camp session details and additional health forms will be sent to the main contact email on or after June 15, 2024. Forms should be returned to Camp Burton 3-5 days prior to arrival using the same methods listed above. If a camper arrives with the packet in-hand, be prepared for a longer check-in.