

DEAF/ASL CAMP REGISTRATION FORM

- **To register:** fill out this form, sign it, and send it with your NON-REFUNDABLE, NON-TRANSFERABLE registration fee of \$100.00 per camper/per camp. **Make check or money order payable to** BW Conference Treasurer.
- **Mail your registration and fee to:** Summer Camp, P.O. Box 429, Churchton, MD 20733-0429.
- Camps fill on a first-come, first-served basis. Registrations are NOT accepted by phone.
- Please fill out a separate registration form for each camper.
- **If you are applying for financial aid,** fill out this form and attach it to your scholarship application (found at www.deafcampsinc.org). Send both forms to the address on the scholarship application. Once your scholarship application has been processed, you will get a letter telling you how much financial aid you have received. The Camping Office will bill you for the balance, if any.

PLEASE PRINT

Last Name _____ First Name _____

Street Address _____ City _____ State _____ Zip _____

Phone: _____ Grade entering in September: _____

Phone type: VOICE TTY VIDEOPHONE IP-RELAY TEXT

Hearing status: DEAF HARD OF HEARING HEARING

Date of birth: _____ Age: _____ Gender: ___ FEMALE ___ MALE

Is the camper eligible for Free or Assisted School Lunch? ___ YES ___ NO

How did you hear about us? ___ Church ___ Friend ___ Web ___ Radio ___ Magazine: ___ *Frederick Child*
___ *Baltimore's Child*
___ Other _____ ___ *Chesapeake Family*

Church (no initials) _____ District _____

Pastor's Name _____

Primary Parent/Guardian _____ Day Phone: (____) _____

Phone type: VOICE TTY VIDEOPHONE IP-RELAY TEXT

Email address _____

Secondary Parent/Guardian _____ Day Phone: (____) _____

Phone type: VOICE TTY VIDEOPHONE IP-RELAY TEXT

Email address _____

DIRECTORS AND COUNSELORS ONLY: If this registration is for your child, please indicate here:

___ Director's child ___ Counselor's child ___ Nurse's child ___ Staff's child

Director/counselor name _____ Camp _____

Camp: _____ Deaf Camp - Younger: Entering grades 2-6 _____ Deaf Camp - Middle: Entering grades 6-9

_____ American Sign Language Camp - Younger: Entering grades 2-6

_____ American Sign Language Camp - Middle: Entering grades 6-9

_____ Deaf/American Sign Language Camp - Older: Entering grades 9-12

Do you have a roommate request?* Name of roommate _____

*We cannot guarantee that we will meet each request; depending on number of participants, special needs and program factors we will do our best to honor these requests.

----- Turn over please! -----

