

# DEAF/ASL CAMP REGISTRATION FORM

- Please register online if you are able at: <http://www.bwccampsandretreats.com>.
- **To apply for financial aid:**
  - Send this form **and** the scholarship application ([www.deafcampsinc.org](http://www.deafcampsinc.org)) to address on the scholarship application.
  - After your scholarship application has been processed, you will get an e-mail telling you how much financial aid you have received. The Camping Office will bill you for the balance.
- **To register with no financial aid:**
  - Send this form with your NON-REFUNDABLE, NON-TRANSFERABLE registration fee of \$100.00 per camper/per camp to: Summer Camp, P.O. Box 429, Churchton, MD 20733-0429.
  - **Make check or money order payable to** BW Conference Treasurer.
- 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.

## 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 \_\_\_ Advertisement \_\_\_ Website \_\_\_ Other \_\_\_\_\_

Church (no initials) \_\_\_\_\_ District \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Primary Parent/Guardian \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_

Phone type: VOICE TTY VIDEOPHONE IP-RELAY TEXT

Email address \_\_\_\_\_

*All confirmation will go via email if email is listed. Only if there is not an email address will you get confirmation via US postal mail.*

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 \_\_\_\_\_ ASL Camp - Younger: Entering grades 2-6

\_\_\_\_\_ Deaf Camp - Middle: Entering grades 6-9 \_\_\_\_\_ ASL Camp - Middle: Entering grades 6-9

\_\_\_\_\_ Deaf Camp - Older: Entering grades 9-12 \_\_\_\_\_ ASL 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!** -----

