



UNY CAMP &amp; RETREAT MINISTRIES

**SUMMER CAMP REGISTRATION FORM**

Sky Lake Camp &amp; Retreat Center

*Reminder!*IT'S EASY TO REGISTER ONLINE AT  
SKYLAKECENTER.ORG**FAMILY INFO**

CAMPER'S NAME \_\_\_\_\_  
CAMPER ADDRESS (Street, City, State, Zip) \_\_\_\_\_  
Parent 1/Guardian Name \_\_\_\_\_ Parent 2/Guardian Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
(If different than camper) (If different than camper)  
Name of Church \_\_\_\_\_ City \_\_\_\_\_ Denomination \_\_\_\_\_  
Sponsoring church/agency responsible for payment \_\_\_\_\_ Amount (if known) \$ \_\_\_\_\_

**CAMPER INFO**

Date of Birth \_\_\_\_\_ Age at Camp \_\_\_\_\_  
Grade Entering \_\_\_\_\_  
Camper Email \_\_\_\_\_  
Camper T-shirt Size \_\_\_\_\_  
Housing Preference: ☐ Male ☐ Female  
Cabinmate Request \_\_\_\_\_  
(If possible, we will honor your request for one cabinmate, if campers are the same age group/program and each lists the other on their registration form.)  
Camper resides with: ☐ Mother ☐ Father ☐ Both ☐ Other \_\_\_\_\_

**Notes for leaders to help my child have a super week.**

Please note a recent family loss/change, custody information, medical needs, dietary requirements/allergies, life-threatening allergies, behavioral notes. These notes are used to help prepare for camp. They are not used to establish eligibility. Please attach extra pages as needed.

I first heard about camp through: ☐ Church ☐ Agency ☐ Brochure  
☐ Website ☐ Family ☐ Friend ☐ Newspaper ☐ Social Media  
☐ Other \_\_\_\_\_

**CHOICES**please list  
your top**3**

**Dates:** (ex. 7/30 - 8/4) **Program Name:** (ex. Classic Junior High) **Fee:**  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
I'm selecting: ☐ Tier One (YELLOW) ☐ Tier Two (PINK) ☐ Tier Three (BLUE) **Total Program Fee(s):** \$ \_\_\_\_\_

**DISCOUNTS & PAYMENTS****Sibling Discount** (-\$20.00 per camper)

My sibling (name) \_\_\_\_\_ is attending (program) \_\_\_\_\_  
\_\_\_\_\_ at (site) \_\_\_\_\_

**\$75\***

deposit per  
session must  
accompany  
registration

**Total Discounts** -\$ \_\_\_\_\_**TOTAL** \$ \_\_\_\_\_**Amount Enclosed\*** \$ \_\_\_\_\_**Balance Due** \$ \_\_\_\_\_

Method of Payment: ☐ Check # \_\_\_\_\_ (Made payable to "UNYAC") ☐ Visa ☐ Mastercard (Charge will show as "Upper New York Annual Conference")  
Card Number \_\_\_\_\_ Expiration Date (XX/YY) \_\_\_\_/\_\_\_\_ 3 Digit Security Code \_\_\_\_\_  
Cardholder's Name (please print) \_\_\_\_\_  
Cardholder's Address (Street, City, State, Zip) \_\_\_\_\_  
Cardholder's Signature \_\_\_\_\_

**SIGN****PARENTAL/GUARDIAN PERMISSION:**

I hereby give my permission for my child (named above) to attend the camp session for which he/she is registering. I understand that my child's name/address/e-mail address may be shared with his/her program group and UM agencies, and still/video pictures of my child may be used for promotional purposes unless I notify the camp administration in writing to the contrary. The camp administration has my permission to secure emergency medical care as needed until I can be reached. I understand that properly completed medical information is required for attendance. I understand that summer camp programs may include off site travel and/or off site swimming.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*Remember to send registration & payment to: Sky Lake, 501 William Law Rd, Windsor NY 13865 | Questions? registrar@skylakecenter.org or 607.467.2750

Camper's Name \_\_\_\_\_

Postmark date \_\_\_\_\_

Received \_\_\_\_\_