

2026

UNY CAMP & RETREAT MINISTRIES

SUMMER CAMP REGISTRATION FORM

Sky Lake Camp & 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 _____
 Occupation _____
 Cell Phone _____
 Work Phone _____
 Home Phone _____
 Email _____
 Address _____
 _____ (If different than camper)

Parent 2/Guardian Name _____
 Occupation _____
 Cell Phone _____
 Work Phone _____
 Home Phone _____
 Email _____
 Address _____
 _____ (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

3

Dates: (ex. 7/30 - 8/4)please list
your top**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 _____

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