



# Mo-Ranch Summer Camps 2017 Registration Form

(One form per camper)



<input type="checkbox"/> Session 1 June 4-10 Ages 8-15 \$775	<input type="checkbox"/> Session 2 June 11-17 Ages 8-15 \$775	<input type="checkbox"/> Session 3 (2wks) June 18-July 1 Ages 8-15 \$1,450	<input type="checkbox"/> Session 4 July 2-8 Ages 8-15 \$775	<input type="checkbox"/> Session 5 July 9-15 Ages 8-15 \$775	<input type="checkbox"/> Session 6 July 16-22 Ages 8-15 \$775
Leadership Development Program Year 1 (3wks) <input type="checkbox"/> Session 1: June 11-July 1 <input type="checkbox"/> Session 2: July 2-22 Ages 16-17 \$1,325			Leadership Development Program Year 2 (3wks) <input type="checkbox"/> Session 1: June 11-July 1 <input type="checkbox"/> Session 2: July 2-22 Ages 16-17 \$525 <i>must have completed year 1 to be eligible</i>		

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age at Camp: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Camper E-mail: \_\_\_\_\_

Home Church: \_\_\_\_\_ City: \_\_\_\_\_

Custodial parent/guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ preferred contact: \_\_\_\_\_

2nd parent/guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ preferred contact: \_\_\_\_\_

*A \$100.00 non-refundable/non-transferable deposit must be included with this Registration Form. The non-refundable/non-transferable deposit is included in the total cost of your chosen camp session \*\*\*Refund policy \*\*\* Cancellations before three weeks of the assigned camp session will receive a full refund minus the \$100.00 non-refundable deposit. Cancellations within three weeks of the assigned session will forfeit the entire tuition fee unless the vacancy is filled by another camper. Cancellations due to medical or academic reasons will be at the discretion of the Director. Written verification from the Doctor or School will be required.*

Person responsible for payment: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ preferred contact: \_\_\_\_\_

Method of payment:  Cash  Visa  MC  Discover  AmEx  Check (make check payable to Mo-Ranch) Authorized amount: \$ \_\_\_\_\_

\*Credit/Debit card #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ CVD #: \_\_\_\_\_

Name as on card: \_\_\_\_\_ Signature of card holder: \_\_\_\_\_

Please send all correspondence to:

**Mo-Ranch Summer Camps**  
2229 FM 1340, Hunt, TX 78024-3037  
830-238-4455 fax 830-238-4545  
[summercamp@moranch.org](mailto:summercamp@moranch.org)

All required campers forms & other camper information can be found on our website, [www.moranch.org](http://www.moranch.org)