



**Summer Camp Registration**  
**eaglefern**

Please fill out form completely and legibly with black ink.  
 Mail to: Eagle Fern Camp, 37700 SE Camp Rd., Estacada, OR 97023,  
 Or you can fax it to us at: (503) 630-3356.  
 Office phone: (503) 630-4978

Each camper must submit a separate registration form.

In order to reserve a space for your camper, we must receive both a registration form and a \$40 non-refundable deposit. Full payment is due two weeks prior to the start of camp attending. Payments & registrations received after that date will be assessed a \$10 late fee.

**Camper Information**

Camper's Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F Grade in Fall \_\_\_\_

School \_\_\_\_\_

Camper Email (if applicable) \_\_\_\_\_

Camper Cell Phone (if applicable) \_\_\_\_\_

Church Camper Attends \_\_\_\_\_

**Parent / Guardian Information**

Parent/Guardian Names \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Father's Cell Phone

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Work Phone Mother's Cell Phone

Relationship/s to Camper \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Church Parents Attend \_\_\_\_\_

**Secondary Guardian Information (if applicable)**

If there is a dual custody/guardianship situation, please list the camper's secondary guardian information below.

Secondary Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Work Phone Second Work /Cell Phone

**Alternate Emergency Contact Information**

If an emergency occurs, we will first try to contact a parent or guardian. In case this is not possible please list a responsible adult (relative, neighbor, friend etc.) who does not live at your address.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Work Phone Second Work /Cell Phone

**Camper Registration**

First Time Eagle Fern Camper  Returning Eagle Fern Camper

Cabin Buddy Request (choose only one) \_\_\_\_\_

**Alternate Authorized Pickup Person(s)** (list only three)

List below those, other than the listed parent(s)/guardian(s), who have permission to transport camper. Please also specify if the camper has permission to drive him/her self (High School Camp Only).

1. \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_

Camps are divided by grade camper will be entering in the fall.

<b>Day Camp</b> Grades 1-3	Jul 2 - Jul 6	\$108	
Day Camp Bus (Optional)		\$40	
Please check bus location: <input type="checkbox"/> Spring Mountain <input type="checkbox"/> Good Shepherd <input type="checkbox"/> Eastgate			
<b>Intermediate Camp</b> Grades 3-4	Jul 8 - 13	\$236	
<b>HiAdventure Camp</b> Grades 9-13	Jul 15 - 20	\$309	
<b>Girls Camp</b> Grades 5-6	Jul 15 - 21	\$242	
<b>High School Camp</b> Grades 10-13	Jul 22 - 28	\$259	
<b>Jr High Girls Camp</b> Grades 7-9	Jul 29 - Aug 4	\$247	
Horse Elective - Mini Camp (Optional)		\$50	
<b>Jr High Boys Camp</b> Grades 7-9	Aug 5 - 11	\$247	
<b>Boys Camp</b> Grades 5-6	Aug 12 - 18	\$242	
<b>Girls Horse Camp I</b> Grades 7-9	Jul 29 - Aug 2	\$305	
<b>Girls Horse Camp II</b> Grades 5-6	Aug 5 - 8	\$245	
<b>Horse Camp (Mother/Daughter)</b> Grades 5-9 Separate Registrations Required	Aug 9 - 11	\$98 <small>(each)</small>	
<b>Girls Horse Camp III</b> Grades 6-7	Aug 13 - 17	\$305	
<b>Late Fee</b> (If registering for a camp less than 2 weeks away)		\$10	
<b>Total Payment Enclosed</b>			
<small>We must receive this form, a deposit of \$40, plus any extra fees (bus, horse elective, and/or late registration fees) in order to reserve your place at camp.</small>			

- I am enclosing a check or money order. (Please write name of camper on check.)
- Please charge amount indicated to my:  Visa  MasterCard
- Charge amount indicated now and the remaining balance one week prior to camp.

Security Code: \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_

Name on Card \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Card Billing Address: \_\_\_\_\_ Zip \_\_\_\_\_  
(if other than your street address)

Please check here if you would like to receive a campership application

**Office Use Only:**

- EFC Campership \_\_\_\_\_ Amount \$ \_\_\_\_\_
- Church Scholarship \_\_\_\_\_ Amount \$ \_\_\_\_\_

