

YOUTH REGISTRATION

Please print. Use one form per program and person. Feel free to make additional copies Send this form with deposit/payment (make checks payable to *Hope Center*) mail to: *Hope Center, P.O. Box 165, Hope NJ 07844*

Name _____

Registering for (Program) _____

M F Age _____ Grade Completed _____ Birth Date ____/____/____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Day Phone (____) _____ Evening Phone (____) _____

Cell Phone (____) _____

Campers e~mail _____

Home Church & Denomination _____

City _____ State _____

Roommate Request (one please)

**EMAIL REGISTRATION
CONFIRMATION**

I will accept email registration confirmation with forms attached.

___ Word documents
___ pdf file

FAMILY email address:
Print

@ _____

I have recruited this person(s) for a summer conference or camp. (Attach a sheet with up to five names)
Name _____ Program _____

As a new Hope Center camper, I was recruited by _____
who is registered in (Program name) _____

1. Total fee before discount	+		\$ _____
2. Store Deposit (optional)	+		\$ _____
3. Early Registration discount	-		\$ _____
4. Recruiter Discount	-		\$ _____
5. Other Discount _____	-		\$ _____
6. Deposit (ck # _____)	-		\$ _____
7. Balance Due	=		\$ _____
8. CAMPSHIP DONATION*	+		\$ _____

*Campships donations benefit financially needy campers. Thank you.