

2011 DAY CAMP REGISTRATION

Name _____ Birthdate _____ Sex _____

Address _____

City _____ State _____ Zip _____

Phone _____ Camper's Email _____

Grade Entering in Sept. 2011 _____ Parent/Guardian _____

Parent/Guardian Email _____

Church _____ Pastor _____

Church Address _____

City _____ State _____ Zip _____

Person(s) authorized
to pick up camper
at end of the day
IF OTHER THAN
PARENTS:

Name _____ Relation _____

Name _____ Relation _____



Please send your
registration and a \$50
deposit (non-refundable)
to:

Camp Mission Meadows
PO Box 42
Dewittville, NY 14728

(Please make checks
payable to
Mission Meadows)

Financial assistance is available.
We desire summer camp to be a
possibility for all children. Please
contact Mission Meadows for more
information and an application.

Official Use Only

I.D. _____

Check # _____

Amount _____

Date Rec'd _____