

<u>Session</u>	<u>Grades</u>	<u>Dates</u>	<u>Fees</u>	<u>Counselor Child</u>
1	1-3	May 31-June 2	\$ 80	\$ 75
2	5-12	June 4-10	\$160	\$140
3	5-12	June 11-17	\$160	\$140
4	6-8	June 19-23	\$160	\$140
5	4-7	June 25-30	\$160	\$140
6	9-12	July 2-7	\$160	\$140
7	4-12	July 9-15	\$160	\$140
8	4-12	July 16-22	\$160	\$140
9	3-9	July 23-28	\$160	\$140

**Please include \$50 minimum deposit with application.  
 Deposit is non-refundable & non-transferable after May 20, 2017.  
 Balance due at check-in unless previous arrangements have been made.**

Mail to: PSCC, PO Box 440, Madill, OK 73446 Visit: [www.pettijohnsprings.com](http://www.pettijohnsprings.com) for more information.

**PLEASE PRINT CLEARLY & FILL IN ALL INFORMATION**

Counselor/Approved Staff child

**Camper Information**

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

*(Please print clearly to receive registration confirmation and information)*

Male  Female Birth Date (mm/year) \_\_\_\_\_ Age (at camp) \_\_\_\_\_ Grade in **Fall** 2016 \_\_\_\_\_

Camp Session \_\_\_\_\_ Cabin Buddy Request (no requests for REACH week) \_\_\_\_\_

Home church or church attending camp with \_\_\_\_\_

Parents Marital Status \_\_\_\_\_ Camper Lives With \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation to Camper \_\_\_\_\_ Authorized to pick-up camper?  yes  no

**Payment Information:**  Check  Money Order Amount Enclosed \$ \_\_\_\_\_

I, parent or guardian, hereby give approval for my child to attend camp. I relieve PSCC and the staff thereof from any and all liabilities due to sickness, accidents and/or injuries of any cause whatsoever, while attending or coming to or from the grounds. In case of emergency, if I cannot be reached by phone, I give my consent for the director or nurse to authorize the physicians to administer medical help. **I understand that no refunds of all or part of the full amount will be made unless my child's leaving is ordered by a physician.**

I have read and agree to the above statement.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Confidentiality is a priority. Our insurance is secondary only. Coverage kicks in after the primary coverage of the camper has been expended. If your child is injured and you are uninsured, please contact the camp office immediately.**