

<u>Session</u>	<u>Grades</u>	<u>Dates</u>	<u>Fees</u>	<u>Counselor Child</u>
1 (Beginner)	1-3	May 27-29	\$ 90	\$ 70
2 (E3)	5-12	May 31-June 6	\$180	\$160
3 (Floyd Johnson)	5-12	June 7-13	\$180	\$160
4 (Reach Week)	5-12	June 14-20	\$180	\$160
5 (Memorial Road JH)	6-8	June 22-26	\$170	\$150
6 (J.A.M.)	4-9	June 28-July 3	\$180	\$160
7 (Memorial Road HS)	9-12	July 5-10	\$180	\$160
8 (Ocho)	4-12	July 12-18	\$180	\$160
9 (HeavenBound)	3-9	July 19-24	\$180	\$160

**Please include \$50 minimum deposit with application.
 Deposit is non-refundable & non-transferable after May 20, 2020.
 Balance due at check-in unless previous arrangements have been made.**

Mail to: PSCC, PO Box 440, Madill, OK 73446 **Visit:** 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 2020** _____

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.