

<u>Session</u>	<u>Grades</u>	<u>Dates</u>	<u>Fees</u>	<u>Counselor Child</u>
1 (Beginner)	1-3	June 1-3	\$ 90	\$ 70
2 (E3)	5-12	June 5-11	\$180	\$160
3 (Floyd Johnson)	5-12	June 12-18	\$180	\$160
4 (Reach Week)	5-12	June 19-25	\$180	\$160
5 (Memorial Road JH)	6-8	June 27–July 1	\$170	\$150
6 Crestview-Waco	4-9	July 5-9	\$180	\$160
7 (Memorial Road HS)	9-12	July 10-15	\$180	\$160
8 (Ocho)	4-12	July 17-23	\$180	\$160
9 (HeavenBound)	3-9	July 24-29	\$180	\$160

**Please include \$50 minimum deposit with application.  
 Deposit is non-refundable & non-transferable after May 20, 2022.  
 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 2022** \_\_\_\_\_

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.**