

2017 CAMP APPLICATION

Please Print

NAME _____
ADDRESS _____
PHONE _____ PRIMARY E-MAIL _____
OCCUPATION _____ WORK PHONE _____
GENDER _____ DATE OF BIRTH _____
NATURE OF DISABILITY _____

PLEASE CHECK

MOBILITY: _____ Walks unassisted _____ Walks with Assistance {Walker/ Crutches}
 _____ Uses a Wheelchair _____ Manual _____ Electric

FINANCING: _____ I am interested in a monthly payment plan

ASSISTANCE REQUIRED: _____ I am coming independently _____ I am bringing my own attendant
 _____ I will need Christian Overcomers to provide a volunteer for me

I WANT TO ATTEND: PLEASE CIRCLE WEEK YOU ARE COMING

SESSION I JULY 10-14 \$100.00 NON-REFUNDABLE DEPOSIT* IS REQUIRED WITH APPLICATION
SESSION II AUGUST 20-25 \$100.00 NON-REFUNDABLE DEPOSIT* IS REQUIRED WITH APPLICATION
AUTUMN GETAWAY 9-13 \$100.00 NON-REFUNDABLE DEPOSIT* IS REQUIRED WITH APPLICATION

***CANCELLATION POLICY:** REFUND GIVEN ON NON-REFUNDABLE DEPOSIT IF CANCELLED TWO WEEKS BEFORE START OF CAMP.

PHOTO AND VIDEO RELEASE: ATTENDEES AGREE TO ALLOW CHRISTIAN OVERCOMERS AND SPRUCE LAKE RETREAT STAFF TO TAKE STILL PICTURES OR VIDEO DURING PARTICIPATION IN ACTIVITIES AT SPRUCE LAKE RETREAT FOR PROMOTIONAL PURPOSE INCLUDING PRINT AND WEB PUBLICATION.

PRINT NAME: _____ DATE: _____
SIGNATURE: _____ DATE: _____

CONFIRMATION AND ADDITIONAL INFORMATION WILL BE SENT UPON RECEIPT OF THIS FORM AND YOUR DEPOSIT. FILLING OUT THIS FORM DOES NOT GUARANTEE ACCEPTANCE INTO OUR PROGRAM.

PLEASE SENT ALL CORRESPONDENCE TO: CHRISTIAN OVERCOMERS PO BOX 2007, GARFIELD, NJ 07026