EAST OHIO CAMPS EVENT REGISTRATION FORM

(Do Not Use for Summer Camp Registration)

Registrar office hours are Monday to Friday from 8:30 am to 4:00 pm

PARTICIPANT INFORMATION

First Name	Last Name		
Address			
City		State	Zip Code
Daytime Phone	Evening Phone	Cell Phone	Email
☐ Female ☐ Male	Birthdate	Grade	

I heard about this event through: ☐ Local Church ☐ Website ☐ Friend ☐ Flyer ☐ E-mail ☐ Newspaper ☐ Other _____

PARENT/GUARDIAN INFORMATION (If Applicable)

Name		
Address		
City	State	Zip
Home Phone	Cell Phone	
E-mail		
Relationship to participant		

EVENT REGISTRATION

Event Date	Event Name	Event Cost

Church information in optional and is used for reporting purposes. If your church is paying a portion please provide them with the information needed. The five digit appt # can be obtained from your local church office.

Church Name _____

Pastor's Name _____

Church City _____

Church Appt # _____ District _____

Mail to: East Ohio Camps
PO Box 76021
Cleveland OH 44101-4755

Checks should be made payable to:
East Ohio Conference

CREDIT CARD ☐ VISA ☐ MasterCard

Card # | | | | | | | | | | | | | | | | Exp Date | | | | Sec Code | | |

Card Holder Signature _____

Card Holder Address _____

REFUND POLICY — 1) If the event you register for is cancelled by us you will receive a full refund. 2) For cancellation 14 days or more before the first day of the event, all fees paid will be returned. 3) If the cancellation is less than 14 days before the first day of the event, NO REFUND WILL BE MADE. 4) In the event of illness, accident, or family emergency, all fees LESS A $10 HANDLING CHARGE will be returned IF NOTICE IS GIVEN PRIOR TO THE FIRST DAY OF THE EVENT. 5) No refunds will be made for those who fail to show up.

East Ohio Camps of the East Ohio Conference of the United Methodist Church
www.EastOhioCamps.org
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