

CAMPER OR WORKER OR SPONSOR REGISTRATION



Complete both sides of this form and mail with full payment and a copy of the front and back of your insurance card to . . .

DAYBREAK CAMP—LABOR DAY YOUTH RALLY
6676 Rose Acres Lane Phone: 831-335-2756
Felton, CA 95018 FAX: 831-335-2750

Please Print in Black or Blue Ink ONLY

OFFICE USE ONLY	
Date Rec'd	Postmark
Check #	Amount:
Paid by	Processed CC (date) Auth. Code
PAID IN FULL	

Last Name	First	<i>I AM A... (circle)</i> CAMPER WORKER SPONSOR		
Address	<input type="checkbox"/> M	<input type="checkbox"/> F	FOR WORKER OR SPONSOR ONLY You <i>MUST</i> bring your own sleeping facilities <input type="checkbox"/> Tent <input type="checkbox"/> RV <input type="checkbox"/> Commute I AM willing to Work With <input type="checkbox"/> Clean Up Dining Hall <input type="checkbox"/> Clean Restrooms <input type="checkbox"/> Cook <input type="checkbox"/> Gate Control <input type="checkbox"/> Night Patrol <input type="checkbox"/> Registration <input type="checkbox"/> Small Group Leaders	
City	State	Zip		Birthdate
Home Phone ()	Home Church			
Email				
CAMPER'S ONLY! Last school grade completed <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> College				
T-Shirt Size (Adult)	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	
PHOTOGRAPHY: Daybreak Camp routinely uses photos and video taken from events for print, web and video applications. Your registration constitutes permission given to Daybreak Camp.				
Sponsors are mandatory! My sponsor at the LDYR will be _____				
Names of parents _____				
Confirmation of the registration will be by email. Parent Email _____				
Father's Work Phone ()		Father's Cell Phone ()		
Mother's Work Phone ()		Mother's Cell Phone ()		

1. Name of Emergency Contact *(Other than parents)* _____
 Their Phone () _____ Relationship _____

2. Name of Emergency Contact *(Other than parents)* _____
 Their Phone () _____ Relationship _____

Only fully completed registrations signed by the campers and/or parent/guardian can be accepted.
 Registration fees must accompany form to secure a space. All cancellations are subject to a \$20.00 charge.
 There will be a \$15.00 fee for bank returned checks.

DEADLINE FOR REGISTRATION IS August 22, 2010. Only space available will be filled after that date.
NO REFUNDS AFTER August 22, 2010.

REGISTRATION FEES

Early Registration *(up to August 25)* \$85.00
 Regular Registration *(after August 25)* \$95.00
 Sponsor or Worker Registration \$85.00

Make checks payable to DAYBREAK CAMP and put camper's, sponsor's or worker's name in the memo section of your check.

TO PROCESS YOUR REGISTRATION MUST INCLUDE:

Complete front and back of registration form
 Complete Medical Information
 Full payment (check or credit card)

→ FOR CREDIT CARD USE ONLY ←

	American Express		Discover		MasterCard		Visa
Card# _____				Exp Date _____			
Name as it appears on card _____				Signature _____			

