

EAST OHIO CAMPS EVENT REGISTRATION FORM

(Do not Use for Summer Camp registrations)

Registrar office hours are Monday to Friday from 8:30 am to 4:00 pm - Phone: 1-800-831-3972 or 330-499-3972 ext. 108

Last Name		First Name		<input type="checkbox"/> Female
				<input type="checkbox"/> Male
Address				Birthdate
City		State	Zip Code	
Daytime Phone	Evening Phone	Cell Phone	Email	
I heard about this event through: <input type="checkbox"/> Local Church <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Flyer in mail <input type="checkbox"/> E-mail notice <input type="checkbox"/> Newspaper <input type="checkbox"/> _____				
<input type="checkbox"/> I have attended an East Ohio Camp before. How many years? _____				
Parent/Guardian Name(s) (If applicable)				Relationship
Daytime Phone	Evening Phone	Cell Phone	Email	

Church information is optional and is used for reporting purposes. We do not bill your church.		The five digit appt # can be obtained from your local church office	
Church Name		Pastor's Name	
Church City	District	Church Conference Appt #	

EVENT REGISTRATION			
Event Date	Event Name	Event Cost	

REFUND POLICY — 1) If the event you register for is cancelled by us, we will help you select another event. If another selection will not work out, you will receive a full refund. 2) For cancellation 14 days or more before the first day of the event, all fees paid LESS THE MINIMUM REGISTRATION FEE will be returned, or full payment is transferred to another event if possible. 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 CAMP. 5) No refunds or fee transfers will be made for those who fail to show up on opening day.

P A Y M E N T	Checks should be made payable to: East Ohio Conference		Mail to: East Ohio Camps PO Box 76021 Cleveland OH 44101-4755	
	CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard			
	Credit Card # _____		Exp Date _____ CVV2 Code _____	
	Card Holder Signature _____			
Card Holder Address _____				
East Ohio Camps of the East Ohio Conference of The United Methodist Church				
www.eastohiocamps.org				