



376 Camp Heritage Road
 Climax Springs, MO 65324
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2024 Youth Summer Camp Registration Form

Camper Name: _____ Birth Date: _____ Age: _____
First Middle Last

Home Address: _____ Gender: _____
Street Address

_____ Home Church: _____
City State Zip Code

Primary Parent/Guardian With Legal Custody:

Name: _____ Relationship to Camper: _____ Primary Phone: _____
(Circle) Cell/Home/Day/Other

Home Address: _____ Alt. Phone #1: _____
(If different from above) Street Address City State Zip Code (Circle) Cell/Home/Day/Other

Email Address: _____ Alt. Phone #2: _____
(Circle) Cell/Home/Day/Other

Secondary Parent/Guardian:

Name: _____ Relationship to Camper: _____ Primary Phone: _____
(Circle) Cell/Home/Day/Other

Home Address: _____ Alt. Phone #1: _____
(If different from above) Street Address City State Zip Code (Circle) Cell/Home/Day/Other

Email Address: _____ Alt. Phone #2: _____
(Circle) Cell/Home/Day/Other

Emergency Contact In Event Parent(s)/Guardian(s) Cannot Be Reached:

Name: _____ Relationship to Camper: _____ Primary Phone: _____
(Circle) Cell/Home/Day/Other

Alt. Phone #1: _____ Alt. Phone #2: _____
(Circle) Cell/Home/Day/Other (Circle) Cell/Home/Day/Other

Names of Additional People Authorized to Pick-up Camper at End of Camp: Primary/Secondary Guardian(s) are automatically authorized pick-ups.

Name: _____ Relationship to Camper: _____ Primary Phone: _____
(Circle) Cell/Home/Day/Other

Name: _____ Relationship to Camper: _____ Primary Phone: _____
(Circle) Cell/Home/Day/Other

Camper would like to have activities/classes with (enter name of friend): _____

Camper would like to have the following cabin mate(s) or counselor: _____

2024 Summer Camp Schedule (Circle Camp Choice)

Cub Camp	Ages 7-9	June 11-16	\$180.00
Junior I Camp	Ages 10-12	June 18-23	\$180.00
Junior II Camp	Ages 10-12	June 25-30	\$180.00
Teen Camp	Ages 13-17	July 9-14	\$200.00
Teen River Adventure Camp	Ages 13-17	July 16-21	\$200.00
DiscipleTrek Camp	Ages 15-18	June 9-30	\$700.00
Iowa Shuttle Transportation	\$40 each way	\$80 round trip	

Payment Worksheet	
\$ _____	Camp Fee for _____
	<small>(Camp Attending)</small>
+ _____	Iowa Shuttle Transportation (optional)
+ _____	Camp Store Deposit (optional)
= _____	Total Amount Due

Method of Payment

_____ **Cash:** On site only. Please do not mail cash

_____ **Check:** Payable to Camp Heritage. Mail to: Camp Heritage, PO Box 65665 West Des Moines, IA 50265

_____ **Credit Card:** VISA MC Discover (circle) Credit Card # _____

Expiration Date _____ Zip: _____

Signature _____ Date: _____

For assistance, please contact the Youth Department Secretary at (515) 223-1197 opt. 5.