



IMPACT 2818: Outdoor Ministries
of the United Methodist Churches of Indiana



Complete forms may be mailed to:
Impact 2818
Attn: Camp Registration
301 Pennsylvania Parkway, Suite 300
Indianapolis, IN 46280

2018 Registration Form

Or sign up online at BeACamper.com to receive confirmation right away!

Camper's name: _____
Your name: _____
Your phone number: C H W (____)____-_____
Your email address: _____
Relationship to camper: _____

- **Registration closes** 1 week before the start of an event. Registrations cannot be processed without payment.
- A parent or legal guardian **must** sign this form in order for the child to be registered.
- You should receive a confirmation letter and med form within 2 weeks of our receipt of this completed form.

Camper Information:

Date of Birth: ____/____/____ Sex: Female Male
Grade in fall 2018: _____ Church name: _____
Street Address: _____ Church city: _____
City, State, Zip: _____ How did you hear about camp? _____
Is there anyone, specifically, to whom this camper should *not* be released? _____

Event Information:

Event code: _____ (ex. AM231) Are you using a discount? Yes No
Camp site: _____ Discount amount? _____ (ex. 33%, \$100, etc.)
Start date: _____ Discount code: _____
*Cost of event: \$ _____ Final cost of event: \$ _____
*Note the post-Early Bird Deadline rate after April 16th.

Roommate Requests:

#1 _____ Please note that no more than 3 *total* campers can be
#2 _____ roommates. Requests exceeding this will not be honored.

Payment Information:

To set up a payment plan, please complete the payment plan section on page 2. *must register at least 7 weeks before event begins

To pay in full now, please fill out the following:

Name on card: _____ Check enclosed: # _____ Amount \$ _____
Card number: _____ - _____ - _____ - _____ Expiration date: ____/____/____ Visa MasterCard Discover
Please charge \$ _____ to the card listed above. Cardholder's signature: _____

In the event of my child's involvement in an emergency while at camp, I understand that every effort will be made to contact me. I hereby give permission for my child to be treated by a physician selected by the camp and/or to receive general pain medication or over the counter allergy medication at the discretion of the first aid staff. I understand that failing to disclose some medical conditions on the medical form that will follow this registration may result in an inability of the camps to serve my camper/family. I understand that in order to best care for my child, Impact 2818 reserves the right to decline attendance for my child if the Camp Manager believes the camp is not able to provide quality care for my camper regarding disclosed or undisclosed medical or behavioral needs. Also, I understand that pictures/video may be taken of my child at camp and used for publicity purposes by Impact 2818. The signature below represents the legal guardian of the camper and the person ultimately responsible for payment of the above individual. I understand that full payment must be received, or a valid payment plan in place, in order for a registration to become active and a spot held for the camper in the event selected.

Parent/guardian signature: _____ Printed name: _____
Phone number: C H W (____)____-_____ Date: ____/____/____



Camper's name: _____

Payment Plan Information:

To make automatic payments, you must register at least 7 weeks before the event begins, and complete the form below. The deposit will range between 25%-100% based on the date received.

I give permission for Impact 2818 to debit the following card or bank account on the schedule below, acknowledging that the initial payment will include all portions already due, based on the event's start date:

- 25% initial deposit
- 25% 14 weeks out - 50% total
- 25% 10 weeks out - 75% total
- 25% 6 weeks out - 100% total

Please select either a type of bank account or a credit card.

Bank Account

___ Checking Account #: _____

___ Savings Routing #: _____ (always 9 digits long)

Account holder's signature: _____

OR...

Credit Card

Name on card: _____

Card number: _____ - _____ - _____ - _____

Expiration date: ____/____/____ Visa MasterCard Discover

Security code: _____

Cardholder's signature: _____

If an automatic payment fails you will be contact via email. You will have one (1) week to correct the error and make the payment. If the payment is not received within one week, the registration will be cancelled. Our standard cancellation policy will apply. You may login to your account at BeACamper.com 24/7 to correct a failed auto-payment, or give the Registration Team a call at (888) 628-2818 Monday - Friday from 8:30am - 4:30pm.

Questions? Go to BeACamper.com or call the registrar's office at (888) 628-2818. Fax (317) 735-4237

Cancellation policy: Call right away if your plans change! Registrations cancelled 2 or more weeks prior to the first day of the event will forfeit a \$75 fee. The balance will be refunded. Registrations cancelled less than 2 weeks prior to the start of an event will forfeit 100% of the event's base registration fee. There is a \$15 transfer fee when changing events. Registrations may not be transferred from one camper to another.

See BeACamper.com for details.

Scholarships/iCash must be redeemed on this form. Late redemption will result in a \$5 processing fee being deducted from any refunds made.