

**CAMP COVECREST TEEN CAMP**  
**Grades 9-12**  
**INITIAL REGISTRATION FORM**

Participants Name: \_\_\_\_\_

GRADE of Participant in September, 2018	AGE of Participant on July 16, 2018
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Parent email:	Student email:
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Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parish: \_\_\_\_\_

School Student Attends: \_\_\_\_\_

**I WOULD LIKE TO ATTEND Camp Covecrest: JULY 15 – JULY 22, 2018**

(This includes the departure and return dates)

**TODAY** enclosed is my **NON-REFUNDABLE** registration fee of \$50.

**PLEASE READ THIS AGREEMENT IN FULL BEFORE SIGNING**

I give my child permission to attend Camp Covecrest. I, as a parent, along with my child, am committed to this event, which will include **participation in all meetings, assisting with fund raising, and reading and complying with Camp Covecrest policies and packing requirements.** I acknowledge that more information and releases will be required for my child to participate in the Camp Covecrest trip.

Cost of Camp: I, as a parent, agree to be responsible for paying the **\$50 Non-refundable** deposit that is enclosed and another **\$50 non-refundable fee no later than DECEMBER 31, 2017**, to secure my child's spot at Camp Covecrest. I also understand that by **NOT** paying this final payment of \$50 on or before December 31, 2017, may vacate my child's spot on this trip without any further notice and a child on the waiting list may be placed in my child's spot. I further understand that the total cost of this trip is \$850 and that my parish (St. Florian/St. Agnes) will pay the remainder of \$750 for my child to attend camp.

In order to help with the cost of this trip, I agree to have my child and myself available for fundraising opportunities.

I understand that a refund of any amount will not be given in the event that my child does not attend Camp Covecrest. I understand and agree that if my child cannot or will not attend camp, I, as the responsible parent, will **advise ST. FLORIAN/ST. AGNES YOUTH MINISTRY OFFICES** (Linda Buss/Lynn Barr) on or before April 1, 2018. Should my child not attend camp and not notify my parish youth ministry office on or before April 1, 2018, I accept full responsibility and agree to reimburse my parish for the entire remaining amount of camp in the amount of \$750.

Parent Name (Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

ENCLOSED AMOUNT: \$ \_\_\_\_\_ CHECK OR CASH DATE: \_\_\_\_\_

Total cost is \$850. At this time I am enclosing and additional \$ \_\_\_\_\_ as a donation to help offset the cost of this camp.

**NOTICE:** For ease in communicating, all communication of announcements regarding Camp Covecrest will be via email and done by Linda Buss of the St. Florian Youth Ministry Office. Please be sure to clear [YouthMinistry@StFlos.org](mailto:YouthMinistry@StFlos.org) with your provider.

**REGARDLESS of how many times your child has or has not attended Camp Covecrest, AT LEAST 1 PARENT and the teen attending camp MUST attend ALL scheduled meetings.**

**ALSO watch the bulletin for important information regarding this trip.**

**Return form AND deposit payment to:**

**ST. FLORIAN MEMBERS:**

St. Florian Parish  
c/o Linda Buss, Youth Ministry Office  
500 Church Lane  
Hatley, WI 54440

**ST. AGNES MEMBERS:**

St. Agnes Parish  
c/o Lynn Barr  
6101 Zinser  
Weston, WI 54476

Registrations will be accepted until camp is filled.  
**No registration will be accepted without a deposit payment.**