

Print Your Church or Youth Group Name here

Elevate¹¹



Registration Cover Sheet

ATTENTION Pastors and Youth Leaders: Please use this as your cover sheet to list each one of your students and group leaders. **When mailing your forms, make sure this is included in your packet.** Thanks for your help!! Please make copies if you have a large group. You may also use the backside of this page for any notes or special instructions.

Please note that anyone not attending the entire week of Camp will need to pay \$40.00 per day.

Fill out the backside for your payment information >>>

FEMALES

Group Leader(s): _____

Students in this leader's room: _____ Age: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Group Leader(s): _____

Students in this leader's room: _____ Age: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other: Kitchen, Security Guard, Life Guard, or Medical
Name Position/#ofDays Age

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MALES

Group Leader(s): _____

Students in this leader's room: _____ Age: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Group Leader(s): _____

Students in this leader's room: _____ Age: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other: Kitchen, Security Guard, Life Guard, or Medical
Name Position/#ofDays Age

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment Sheet

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Where/Who do we send the Camp Packet, which includes Camp details such as the Daily Schedule and Rules/Regulations to?

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Please return *with* your registration forms to:
UCYD | PO Box 5315
Asheville, NC 28813

We are registering: _____ Students @ \$ _____ each = \$ _____
_____ Adults @ \$ _____ each = \$ _____
_____ Other @ \$ _____ each = \$ _____

Total = \$ _____

Enclosed Methods of Payment: ___ Check ___ Cash ___ Money Order ___ Credit Card

Credit Card #: _____ Expiration Date: _____ Zip Code of Cardholder: _____

Please add \$1.50 per person for Credit Card payments of a group of 10 or less. Add \$1.00 per person for a group of 11 or more.

Cardholder Signature: _____ Date: _____

Notes/Special Instructions: _____

Office Use Only:

Entered: _____

Balance: \$ _____